



Member Health Education Reimbursement Request Form

Providence Health Plans (PHP) wants you to be healthy and to live well. That's why we offer member reimbursements for health education classes. To process your reimbursement, please:

- Make sure this form is completed accurately and submitted to the below address after the course is completed.
- All classes must be sponsored by a hospital that contracts with PHP.
- Class payments must be paid in full by the PHP member. Health education classes offered at a discounted rate through a PHS facility are not eligible for reimbursement. Discounts apply to classes at those facilities.
- PHP members must have valid and active member status at the time of class registration to be eligible for reimbursement.

Please remember to contact your Customer Service team at one of the numbers listed below if you need future assistance with health education classes. **Please note: the submission of this form does not guarantee reimbursement.**

MEMBER INFORMATION		
MEMBER NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	DATE OF BIRTH / /	MEMBER ID NO.
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) OR P.O. BOX	HOME PHONE #	GROUP NO. (OR GROUP NAME)

Please check the appropriate box that applies below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Childbirth Education classes
Series: after the first \$25 paid by member; \$60 reimbursement maximum annually.
Weekend: after the first \$55 paid by member; \$60 reimbursement maximum annually. | <input type="checkbox"/> Weight Management classes
After the first \$55 is paid by member; \$125 reimbursement maximum annually. | <input type="checkbox"/> Smoking Cessation classes
After the first \$15 is paid by member; \$160 reimbursement maximum annually. |
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CLASS INFORMATION		
CLASS START DATE / /	CLASS COMPLETION DATE / /	FACILITY NAME
INSTRUCTOR SIGNATURE (AT COURSE COMPLETION)		INSTRUCTOR NAME (Printed)

Please attach a copy of your class payment receipt or your cancelled check. Mail with this completed form to:

PROVIDENCE HEALTH PLANS
CUSTOMER SERVICE
ATTN: HEALTH EDUCATION CLASSES
PO BOX 4327
PORTLAND, OR 97208-4327

I hereby certify that all information given is correct. I further certify that the class listed above was taken by me at the facility and by the instructor listed.

MEMBER'S SIGNATURE _____

DATE _____

Customer Service:	• Portland Metro Area: 503-574-7500	• All Other Areas: 1-800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 1-888-244-6642

FOR INTERNAL PHP USE ONLY			
<input type="checkbox"/> Commercial/ASO Acct# 63257801-761626-6100	<input type="checkbox"/> Medicare Plans Acct# 63257801-761626-6300	<input type="checkbox"/> Individual Plans Acct# 63257801-761626-6200	<input type="checkbox"/> OHP Acct# 63457801-761626-6700