

WEIGHT MANAGEMENT AND SMOKING CESSATION CLAIM FORM

1. Reimbursements are made based on the date of service, as services are rendered or after completion of the program. For example, you begin a program November 1, 2005 and make full payment for the program of \$300. (\$50 per month for six months) At the end of January you may submit the charge(s) incurred for January (\$50) or you may wait until the completion of the program and submit for charges incurred January through April (\$200).
2. When submitting a request for reimbursement remember that the analyst needs an itemized statement or bill showing a breakdown of the charges along with the date the services were incurred. A receipt that only shows a total charge does not provide the information needed to reimburse you.
3. Always complete the Weight Management / Smoking Cessation Claim Form. Do not leave any sections blank that should be filled in. The List of Covered Expenses outlined in the medical plan Summary Plan Description section is particularly important since you are providing the analyst with the information he/she needs to process your claim. You must sign and date the form in order for your claim to be processed.
4. If an expense is covered under any other group medical, an "Explanation of Benefits" (EOB) form from each of the coverage's must be attached to the completed claim form in order for your claim to be processed.
5. Remember that eligible expenses are those incurred in the plan year in which you are participating.

Reimbursement of expenses will be made to the participant upon submission of charge and proof of payment. Payment will only be made to the provider if they submit a claim on your behalf.

Please mail this claim form along with any applicable receipts to:

***Blue Cross Blue Shield of Michigan
Integrated Case and Disease Management
P.O. Box 665
Southfield, MI 48034***