

HEALTH EDUCATION REIMBURSEMENT REQUEST

In order to receive reimbursement for an approved health education class, you and your instructor must complete this form. You may call Member Services at 1-800-258-9732 to request more forms, to confirm your eligibility for this benefit or to confirm coverage for a specific class. **All health education classes (including Weight Watchers) will be limited to \$100 per completed course with a limitation of 2 courses per year per individual.** *Please follow these steps:*

1. Complete the Member/Dependent information below. Please make sure your **CIGNA HealthCare Member ID** number appears on this form; it can be found on your CIGNA HealthCare ID card, under your name. **Please include a copy of your cancelled check or receipt of payment for reimbursement.**
2. Have your instructor complete the appropriate section of this form. In order to receive reimbursement, your instructor **MUST** sign this form, verifying attendance and payment. You must attend at least 75% of the classes and successfully complete all class requirements to receive reimbursement.
3. Send this entire form with proof of payment to address below.

Member Name: _____ **CIGNA MEMBER ID:** _____

To Be Completed By Instructor:

I hereby certify that (Participant Name) _____ has successfully completed
(Class Name) _____ held at (Facility, Location) _____
(Begin Date) _____ (End Date) _____ (Cost of Class) \$ _____.

Please Check Appropriate Course:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arthritis (H101B) | <input type="checkbox"/> G.I. Disease (H569) | <input type="checkbox"/> Childbirth (HV222) | <input type="checkbox"/> Pre/Postnatal Fitness (H9690) |
| <input type="checkbox"/> Asthma (H101C) | <input type="checkbox"/> Self Care (H101) | <input type="checkbox"/> Parenting (HV612) | <input type="checkbox"/> Back Education (HS951) |
| <input type="checkbox"/> Cancer Ed. (H101D) | <input type="checkbox"/> Nutrition (H269) | <input type="checkbox"/> Breast Feeding (H104) | <input type="checkbox"/> Stress Management (H308) |
| <input type="checkbox"/> Cardiac Ed. (H101E) | <input type="checkbox"/> Weight Control (H278) | <input type="checkbox"/> Sibling Class (H103) | <input type="checkbox"/> Smoking Cessation (H3051) |
| <input type="checkbox"/> Diabetes (H250) | <input type="checkbox"/> First Aid (H959) | <input type="checkbox"/> Babysitting (HV201) | <input type="checkbox"/> Health Risk Assmnt. (H942A) |
| <input type="checkbox"/> Osteoporosis (H101) | <input type="checkbox"/> CPR (H416) | <input type="checkbox"/> Yoga/Tai Chi ((H308) | <input type="checkbox"/> Swimming Lessons (H101) |

By signing below, I certify that the member paid in full and attended at least 75% of the classes.

Instructor's name

Telephone #

Instructor's Signature

Health Promotion Approval

Reimbursement \$

Procedure Code

Diagnostic Code

You may mail, fax or email the signed and completed form to:

ALLEGiant CARE
P.O. BOX 4604, MANCHESTER, NH 03108-4604
FAX: 603-666-4477 or EMAIL: claims@myallegiantcare.com

HEALTH EDUCATION CLASS EVALUATION

Class Name: _____ Facility: _____

Location: _____ Instructor: _____

Date Started: _____ Date Completed: _____

Please rate the following on a scale of 1 through 5 (with 1 being "Strongly Disagree" and 5 being "Strongly Agree") by placing an "X" in the appropriate box. Please choose only one answer for each.

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Instructor made me feel comfortable.					
Instructor was knowledgeable.					
Instructor was motivating.					
Instructor communicated effectively.					
Instructor was well prepared.					
Instructor answered questions effectively.					
Information was useful and valuable.					
Class was worth the time and money.					
Length and frequency of class was appropriate.					
I would recommend this class to a friend.					
This class met my expectations.					

Comments: _____

Thank you for your feedback!

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