

# Health Education Reimbursement Form



For classes sponsored by a hospital  
contracted with Providence Medicare Advantage Plans

Providence Medicare Advantage Plans wants you to be healthy and live well. That's why we offer member reimbursements for health education classes. Please use this reimbursement form for classes taken at hospitals contracted with Providence Medicare Advantage Plans. In order to process your reimbursement, the following applies:

- The class must be sponsored by a hospital that is contracted with Providence Medicare Advantage Plans
- The class payment may be required to be paid in full by the member
- Providence Medicare Advantage Plans members must have an active member status at the time of class registration
- Complete this form and submit it to the address below once the course is finished
- Bill(s) must be suitable for insurance billing purposes
- Please attach one of the following proofs of payment:
  - Copy of receipt, provider invoice or statement that indicates the amount paid to the provider and method of payment

If a receipt or invoice showing proof of payment is not available, you may provide the front and back of the cleared check written to the provider, or a copy of the credit card statement that includes the charges and the provider's name.

Please contact Customer Service if you need assistance with health education classes.

**Please note:** The submission of this form does not guarantee reimbursement.

### Member Information

Member name (first, middle initial, last name)	Mailing address (street, city, state ZIP) or P.O. Box
Date of Birth:    /    /	Home phone number: (    )    -
Member ID number	Group Name or Number (if applicable)

### Class Information

Class start date:    /    /	Class completion date:    /    /
Facility name	
Class name	Instructor's name (printed)

Please provide a copy of your receipt, a provider invoice or a statement that indicates the amount paid to the provider and method of payment, then mail this completed form along with your copy of payment to:

Providence Medicare Advantage Plans Customer Service  
Attn: Health Education Services  
P.O. 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Providence Medicare Advantage Plans Customer Service

503-574-8000 or 1-800-603-2340; TTY: 711  
Service is available 8 a.m. to 8 p.m. (Pacific time), seven days a week