

# Healthy Lifestyles Reimbursement and Information Order Form

To request your reimbursement, provide all the information requested on this form and attach required documentation, such as receipts, membership contracts, and enrollment forms. To order free informational materials, mark the check boxes next to the items you want to receive.

For additional reimbursement forms, you may copy this form, download it from [www.ibxpress.com](http://www.ibxpress.com), or call Healthy Lifestyles at the number listed at the bottom of this page.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Health plan ID # (found on your member ID card): \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

## Reimbursement request

I have completed all requirements for the programs indicated below and have attached the required documentation. Please process my reimbursement for: *(Check all that apply.)*

Parenting class

Fitness Program

Breast pump

Healthy Weight, Healthy You

Lactation consultant

Tobacco Cessation Program start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Baby's due date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
or delivery date

First-aid, safety, or CPR class

Bike helmet

## Information request

Please send me a free copy of the following materials: *(Check all that apply.)*

Adoption booklet

*Clearing the Air* booklet

Stress management CD

Wellness Guidelines

**Total amount of enclosed receipt(s): \$** \_\_\_\_\_

**Mail your form and documentation to:**

Independence Blue Cross  
Healthy Lifestyles Program  
1901 Market Street, P.O. Box 41880  
Philadelphia, PA 19101-9131

## Questions?

Call Healthy Lifestyles at 1-800-ASK-BLUE, TDD 1-888-857-4813, Monday through Friday, 8 a.m. to 5 p.m. ET.

Incentive programs or health care services described in this booklet as part of Healthy Lifestyles are contingent on a member being eligible for coverage at the time of participation and subject to the terms, limitations, and exclusions of his or her health care benefits program. Healthy Lifestyles programs are value-added programs and services; they are not benefits under the health care plan that you purchased and are therefore subject to change without notice.

You must be a member of an Independence Blue Cross health plan at the time of enrollment and program completion in order to receive your reimbursement. Copayments, deductibles, and coinsurance fees are not eligible for reimbursement. Reimbursement will not be issued if information is falsified.