

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, 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 6 p.m. ET.

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.