Smoking Cessation Reimbursement Program

We'll show you how to quit smoking for good.

You probably know somebody who decided to quit smoking and did it just like that — without any help or nicotine replacement aids. But for most people, quitting smoking not only requires desire and motivation, it takes preparation. People who rush into quitting are more likely to resume smoking which often results in more false starts and frustration.

Our Quit Smoking Program can help. It provides support when you decide to quit or have the desire but aren’t quite sure how to tackle the next steps. How to prepare for a tobacco-free life: When you’re ready to quit smoking, your chances of succeeding are generally greater if you:

- Get support and encouragement through an individual or group education program.
- Learn how to cope with stress, which often leads to tobacco “cravings.”
- Use nicotine or non-nicotine replacement aids to help you overcome the physical addiction.

Of course, everyone is different, which is why we give you a variety of tools and resources for creating a program that's right for you. We also encourage you to check out our website’s link MyHealth@Anthem®.

Education and Support:

Group — Enroll in any of the approved group smoking cessation programs and we’ll reimburse your class fees through the Community Health Education Reimbursement Program. Call the customer service number on your ID card for more information.

Nicotine Replacement Aids:

Nicotine replacement aids are most successful when used in combination with a group or individual education program. It’s important to begin education before you start using one of these aids.

Nicotine patch, gum, inhaler, lozenge, or nasal spray

These aids almost double your chance of quitting because they gradually wean you off nicotine. They’re safe to use for most people. However, you should consult your physician if you’re pregnant, have high blood pressure, heart or other blood or circulatory conditions. These over-the-counter aids can be purchased at many stores and pharmacies.

Zyban or Chantix

This non-nicotine pill works by increasing a chemical in your body that gives you a sensation similar to that produced by nicotine. It’s available by prescription only and is not covered under your pharmacy benefits.

Nicotine Replacement Reimbursement:

We’ll reimburse you up to $100 per year for the nicotine patch, gum, inhaler, lozenge, nasal spray, Zyban or Chantix.

- Save your nicotine replacement original receipts and submit them with a completed Quit Smoking Reimbursement Form.

We strongly encourage you to participate in a group or individual education program in combination with one of these aids.
# Quit Smoking Reimbursement Form

## IMPORTANT

Please read and follow the instructions located on the front and back of this form. You are required to complete all unshaded areas of the form by printing clearly with a non-erasable ink pen. This form will be returned if: 1) The form is not completed with the required information and 2) original receipt(s) for the nicotine or non-nicotine replacement aid is not attached to the form. Please expect 6-8 weeks to process once Anthem Blue Cross and Blue Shield receives this request for reimbursement. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved.

1. Member’s name: (last) _______________________ (first) _______________________ (m.i.) ______
   _______________________

2. Member’s Identification Number as shown on your ID card: ______________________________
   (Anthem Blue Cross and Blue Shield Members, include your 3-letter prefix)

3. Member’s date of birth: Mo. ______ Day ______ Yr. ______
4. Member’s sex: ☐ Male ☐ Female

5. Group (Employer) name: ___________________________________________________________
   Division Number: _________________________________________________________________

6. Subscriber’s name (if other than member): (last) _______________________ (first) ______
   (m.i.) ______

7. Subscriber’s address:
   Street ________________________________________________________________
   City ____________________________________________ State ____________ Zip__________
   ☐ Check box if new address Telephone ______________________

8. Date of purchase (mo/day/yr):
   a) ______________________
   b) ______________________
   c) ______________________

9. Charges:
   a) $ ______________________
   b) $ ______________________
   c) $ ______________________

10. Provider number: 69-75720Y0-NH-01

11. Place of service: ☐ OL
12. Diagnosis Code: 799.89
13. Please check type of Nicotine or Non-Nicotine Replacement Aid used:
   ☐ Zyban, Chantix ☐ S 0106
   ☐ Patch, Gum, Inhaler, Lozenge, Nasal Spray ☐ S 4991

   Attach your original receipt(s) to the Reimbursement Form. Keep copies for your records.

14. I authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for reimbursement.
   I agree to the information written above.
   ☐ Lozenge _______________________ (Member signature)

15. Date form completed: ______________________

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The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this quit smoking program.

— Thank you —

— turn over for instructions —
Reimbursement Instructions

The Quit Smoking Reimbursement Form is completed by the member who is using the nicotine or non-nicotine replacement aid.

Please follow the instructions below when completing this Reimbursement Form:

1. Complete all sections.

2. Include your receipt(s) for the nicotine or non-nicotine replacement aids purchased.

3. Date the form when completed and retain a copy if you wish (form and receipt will not be returned to you).

4. Send the completed Quit Smoking Reimbursement Form and receipt(s) within one year of date of purchase, to:
   Claims Department
   Anthem Blue Cross and Blue Shield
   PO Box 533
   North Haven, CT 06473-0533

5. If you have any questions about this program, please call the Customer Service number listed on the back of your ID card.

Member reimbursement will be denied if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member when the nicotine or non-nicotine replacement aid was purchased, or;

2. The member submits receipts for nicotine or non-nicotine replacement aids that are not approved by Anthem Blue Cross and Blue Shield.

This form will be returned if:

1. The form is not completed with the required information and;

2. Nicotine or non-nicotine replacement aid receipts are not attached to the back of this form.