

MyBlue Wellness Certificate

XXXXXXXXXX

Sample A. Sample

MEMBER NAME

XXXXXXXXXXXXXXXXXX

CONTRACT ID#

This certificate entitles the above Service Benefit Plan member to:

One (1) Free Annual Physical Examination or Individual Preventive Counseling Office Visit at a BlueCross BlueShield Plan Preferred Provider. Valid from XX/XX/XXXX to XX/XX/XXXX.

Provider Information and Instructions

- Please do not collect copayment amount from the member at time of visit. Your reimbursement for this visit will include the payment of the copayment.
- If you collect an office visit copayment in error for this visit, you will be required to refund this amount to the member upon receiving payment from the BlueCross BlueShield Plan.
- To ensure correct reimbursement this claim must be filed with the appropriate evaluation/management procedure code and diagnosis to reflect that the visit was primarily a routine/annual examination.
- You may retain this certificate for your records; it is not required to be submitted with the claim.
- If you have a question about this certificate or the process, please contact the local BlueCross BlueShield Plan.



**BLUE HEALTH
ASSESSMENT**