

MyBlue Wellness Certificate

XXXXXXXXXX

Sample A. Sample

MEMBER NAME

XXXXXXXXXXXXXXXXXX

CONTRACT ID#

This certificate entitles the above Service Benefit Plan member to:

Four (4) Nutritional Counseling Visits with no member cost-share at a BlueCross BlueShield Plan Preferred Provider upon presentation of this certificate. Valid from XX/XX/XXXX to XX/XX/XXXX.

Visit #1 Acknowledgement:

PROVIDER SIGNATURE

DATE

Visit #2 Acknowledgement:

PROVIDER SIGNATURE

DATE

Visit #3 Acknowledgement:

PROVIDER SIGNATURE

DATE

Visit #4 Acknowledgement:

PROVIDER SIGNATURE

DATE

Provider Information and Instructions

- Please sign and date the certificate when presented by the member in order for the member to track usage of visits.
- Please do not collect copayment or coinsurance amount from the member at time of visit. Your reimbursement for these visits will include the payment of the member copayment or coinsurance.
- If you collect an office visit copayment in error for any of these visits, 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 medical nutrition therapy/nutritional counseling codes and diagnosis to reflect the visit was primarily a nutritional counseling visit.
- You may retain this certificate for your records after the fourth visit; 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.

