



Smoking Cessation Community Course Reimbursement Form

HealthPlus of Michigan offers reimbursement for participation in smoking cessation courses offered in the community to its members. Before participating, please call 1-800-345-9956, ext 1943, option 2 for pre-approval of a selected course. In order to be eligible for reimbursement, member must complete at least 50% of the course.

- 1. **Name of course completed:** _____
- 2. **Agency course affiliated with:** _____
- 3. **Location of course:** _____
- 4. **Dates of course:** _____
- 5. **Instructor name(s):** _____
- 6. **Total amount paid for course:** \$_____
- 7. **For meeting attendance, it is required that your instructor complete the below certification:**

I certify that _____ has purchased and participated in at least 50% of the smoking cessation course listed above.

Instructor Signature

Date

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following terms and conditions: Reimbursement offer is valid only for pre-approved community smoking cessation classes. Reimbursement will not be provided for laser therapy or hypnosis. Keep copies of all materials submitted. HealthPlus is not responsible for lost, late or misdirected mail. Reimbursement checks are ordinarily processed within 30 days of receipt.

HealthPlus Member Signature: _____

HealthPlus Member Name: _____

HealthPlus Member Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____

Mail this completed form, along with original receipt, to the following address **within 30 days** of completed pre-approved community smoking cessation course:

HealthPlus of Michigan
Attn: Health & Lifestyle Management
2050 S. Linden Road
Flint, MI 48532