



Kansas City



Health Action Credit Form

This form can be submitted for Health Actions listed below with the required supporting documentation and/or Explanation of Benefits (EOB). This form **cannot** be used to award credit for the onsite Biometric Screening or Physician Submission Form.

Please allow 30-60 days following the date of service for your claims data to process and reflect your points before submitting this form. Submissions made before this timeframe will not be processed.

Member Information			
Member Identification Number (on your member ID card located under your name) #		Group Identification Number (on your member ID card) #	
Member Last Name	Member First Name	Date of Birth	
Email			

Instructions:

1. Provide required details and attach a copy of the receipt, statement of services and/or an Explanation of Benefits (EOB) corresponding to the service performed below. *Member must have assigned health action applicable to the test/procedure for credit and points to be awarded.*

Health Action	Service Date	Receipt or EOB attached (Y/N)	Type of Service
Doctors Visit(s)			
Cancer Screening(s) (Age & Gender based)			
Annual Flu Vaccine			
Tobacco Free			
Medication Adherence			
Doctor's Lab Tests			
Doctor's Lab Test for Diabetes			
Doctor's Test for Asthma or COPD			

2. Submit this form and supporting documentation using one of the following:

- a) secure fax line: 816-561-5669
- b) email a copy to: ahealthieryou@bluekc.com
- c) mail a copy to:

Blue Cross Blue Shield of Kansas City
ATTN: A Healthier You
 2301 Main Street
 Kansas City, MO 64108

Member Signature (Required for Processing)

By signing below, I certify the health actions listed on this form were completed on the date identified and give my permission to enter my activities on my personal A Healthier You Portal. Receipts of payment, statement of services and/or Explanation of Benefits (EOB) of the completed health action are attached.

Member Signature: _____

Date: _____