

Diabetes Prevention Program Reimbursement

The Diabetes Prevention Program (DPP) benefit offers eligible members the opportunity to be reimbursed up to \$500 per contract each year for completion of the DPP program. For a list of qualified programs, visit www.cdc.gov and search “Diabetes Prevention Program.” **See your plan contract or call member services at the number on your ID card to confirm eligibility.**

To request reimbursement, complete a qualified program and submit this form along with **both**:

- ✓ A copy of the bill showing the cost of the program
- ✓ A receipt showing full payment

Here are the details regarding this reimbursement:

- ✓ Please submit one form per person, per request.
- ✓ You are only eligible for reimbursement for expenses incurred during your plan benefit year.
- ✓ A minimum of 12 sessions must be attended in order to qualify for reimbursement.

Member Name: _____ Date of Birth: _____

Member ID #: _____ Phone Number: _____

Address: _____

Is member under 18? Yes No

Facility/Program Name: _____

Instructor Name: _____ Title: _____

Instructor Signature: _____ Completion Date: _____

Note to Instructor: Your signature certifies that the above named subscriber or dependent completed a minimum of 12 DPP sessions.

CERTIFICATION AND AUTHORIZATION *(must be signed by the subscriber)*

Reimbursement is subject to approval by Capital District Physicians’ Health Plan, Inc. I certify that the information on the form and all supporting documents are complete, accurate, and unaltered, and that I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible members. I certify that these expenses have not previously been reimbursed in this or any other year.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature _____ Date Signed _____

Please mail this form and all supporting documents to:

CDPHP • P.O. Box 66602 • Albany, NY 12206

Discrimination is Against the Law

Capital District Physicians’ Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

