WISEWOMAN EDUCATION CLAIM FORM

WISEWOMAN EDUCATION FORM

Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: | Social Security Number: | Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: EDUCATION ☐ Reporting Only for Entire Form

RECORD OF PARTICIPATION Clear Section

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.
Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.

Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)
Health Coaching Individual (Session 1)		Select Length	☐	☐	☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching Individual (Session 2)		Select Length	☐	☐	☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching Individual (Session 3)		Select Length	☐	☐	☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education
Health Coaching Individual (Session 4), Face to Face		Select Length	☐	☐	☐ Pink Assessment Form Completed
Health Coaching, Group, Face to Face		Select Length	☐	☐	☐ Healthy Eating ☐ Physical Activity ☐ Blood Pressure Management ☐ Smoking Cessation ☐ Medication Education

COMMENTS Maximum length is 600 characters.

Submit | Cancel ☐ Override