



## SpecialOffers@Anthem Fitness Reimbursement Program

**It pays to join a fitness center.**

### What you get:

You or your family can get up to \$200 per subscriber contract, per plan year for membership dues at a fitness center. You just need to exercise regularly. Because plans vary, you will want to make sure you're eligible for this fitness reimbursement program. Just call the Customer Service number on the back of your ID card.

### How it works:

You'll choose an established fitness center that offers the type of classes, programs, and fitness equipment that's right for you.

Let's say you join a YMCA, and you want to use the cardiovascular equipment, such as a treadmill or rowing machine. To qualify for your reimbursement, you must meet the minimum exercise requirements: Exercise at your fitness center 48 times within the plan year. Each time you exercise, record it on your Fitness Reimbursement Program Log Card and ask a fitness center staff person to initial it, or get a copy of your fitness center's computer printout.

We set up these minimum levels of activity to make sure you're getting benefits from your efforts. Of course, to get the most from your workouts, you should exercise at least three times a week, year-round.

### Reimbursement steps:

1. Pay your fitness center dues and keep the receipt(s). Receipts must be original and include the name of the fitness center, description of the membership purchased, date of payment, amount paid and the name of the person using the membership.  
If your fitness center dues are electronically debited from your bank account, ask for a receipt or submit copies of your bank statements with the specific withdrawals circled.
2. Start your exercise program. Use the Fitness Reimbursement Program Log Card to record each time you exercise and ask a fitness center staff member to initial it. Or, use your fitness center's computer print out.
3. Complete the Fitness Reimbursement Form. Instructions are on the back of the form.
4. Mail your completed Fitness Reimbursement Form, Fitness Reimbursement Program Log Card and original receipt(s) to:

Claims Department  
Anthem Blue Cross and Blue Shield  
P.O. Box 533  
North Haven, CT 06473-0533

### Exercise requirements:

Regular exercise is an essential part of good health. But to reap the benefits, you have to do it! To be eligible for reimbursement, you must meet minimum levels of exercise activity in a plan year:

- Exercise at least 48 times within the plan year.
- Complete a Fitness Reimbursement Program Log Card or use your fitness center's computer printout. If using the Log Card, have a fitness center staff member initial it each time you work out.

### Fitness reimbursement rules:

- The reimbursement is on a plan-year basis. Log cards, fitness center printouts and receipts must reflect activity within a plan year.
- Workouts must be recorded on the Fitness Reimbursement Program Log Card or on the fitness center's computer printout.
- We will not accept photocopies of receipts or log cards.
- Reimbursement is limited to a maximum of \$200 per subscriber contract, per plan year based on the amount shown on the receipt(s) submitted.
- No credit will be issued for unused portions of the plan-year fitness reimbursement.
- We must receive your reimbursement request within one year of completing your Fitness Reimbursement Program Log Card or your computer printout from your fitness center.
- The following are not eligible for reimbursement: Guest fees, equipment fees, court time fees, waived membership fees, tournament fees, social memberships, country club dues, lesson charges and all other miscellaneous fees.
- You are not eligible for this program if your health plan membership has lapsed for any reason. Your health plan membership must be in effect while you are taking part in this program.
- This Fitness Reimbursement Program must be available under your plan. To make sure you're eligible, call the Customer Service number on the back of your ID card.



# Fitness Reimbursement Form



**— Important —**

Please read and follow the instructions located on the front and back of this form. You are required to complete all unshaded areas of the form by printing clearly with a non-erasable ink pen. This form will be returned if: 1) The form is not completed with the required information and 2) an original receipt and completed log card or fitness center printout are not attached to the back of this form. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved. Please expect 6-8 weeks to process once Anthem Blue Cross and Blue Shield receives this request for reimbursement.

1. Member's name: (last) _____ (first) _____ (m.i.) _____			2. Member's Identification Number as shown on your ID card:  _____  _____  (Anthem Blue Cross and Blue Shield Members, include your 3-letter prefix)		
3. Member's date of birth: Mo. _____ Day _____ Yr. _____		4. Member's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
5. Group (Employer) name: _____ Division Number: _____					
6. Subscriber's name (if other than member): (last) _____ (first) _____ (m.i.) _____					
7. Subscriber's address: Street _____ City _____ State _____ Zip _____ <input type="checkbox"/> Check box if new address <input type="checkbox"/> Telephone _____					
<b>DO NOT WRITE IN SHADED AREAS</b>					
8. Provider number: <b>82-9999999-NH-01</b>					
9. Workout Period: (Mo./Day/Yr.)		10. Place of service: <b>OL</b>	11. Diagnosis Code: <b>799.89</b>	12. Amount paid by member:  \$ .	13. Date form completed:
From	To				14. Procedure Code: <b>S9970</b>
15. We authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for fitness reimbursement. We agree to the information written above, and verify that the member met the requirements of the program.					
X _____ (Member signature)					
X _____ (Signature of fitness center employee)					

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this program.

-Thank you -

**- turn over for instructions -**

# Reimbursement Instructions

The Fitness Reimbursement Form is to be completed by the member attending the fitness center and by a representative of the fitness center. Attach the completed log card or fitness center printout and original receipts or withdrawal statements to the back of this form.

## To complete this form:

1. Fill in all unshaded sections.
2. Sign the form. Also have a fitness center employee sign the bottom of the form.
3. Date the form when completed. Keep a copy for your records. (We will not return the form.)
4. Send the completed Fitness Reimbursement Form, completed log card or fitness center printout and original receipt to:  
Claims Department  
Anthem Blue Cross and Blue Shield  
PO Box 533  
North Haven, CT 06473-0533
5. If you have any questions about this program, call the Customer Service number on the back of your ID card.

## Member reimbursement will be denied if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member while taking part in the program.
2. The member did not complete the requirements of the program.

## This form will be returned if:

1. The form is not completed with the required information and;
2. An original receipt or copies of withdrawal statements and log card or fitness center printout are not attached to the back of this form.

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## Fitness Reimbursement Program - Log Card



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Member's ID #: \_\_\_\_\_

**All workouts must be in the same plan year.**

To meet exercise requirements, this log card must show you have exercised 48 times within the plan year.

**Return along with Fitness Reimbursement Form and receipts to:**

Anthem Blue Cross and Blue Shield – Claims Department  
PO Box 533 · North Haven, CT 06473-0533

	Date	Initial		Date	Initial		Date	Initial
1	/ /		20	/ /		39	/ /	
2	/ /		21	/ /		40	/ /	
3	/ /		22	/ /		41	/ /	
4	/ /		23	/ /		42	/ /	
5	/ /		24	/ /		43	/ /	
6	/ /		25	/ /		44	/ /	
7	/ /		26	/ /		45	/ /	
8	/ /		27	/ /		46	/ /	
9	/ /		28	/ /		47	/ /	
10	/ /		29	/ /		48	/ /	
11	/ /		30	/ /				
12	/ /		31	/ /				
13	/ /		32	/ /				
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17	/ /		36	/ /				
18	/ /		37	/ /				
19	/ /		38	/ /				

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## Fitness Reimbursement Program - Log Card



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Member's ID #: \_\_\_\_\_

**All workouts must be in the same plan year.**

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1	/ /		20	/ /		39	/ /	
2	/ /		21	/ /		40	/ /	
3	/ /		22	/ /		41	/ /	
4	/ /		23	/ /		42	/ /	
5	/ /		24	/ /		43	/ /	
6	/ /		25	/ /		44	/ /	
7	/ /		26	/ /		45	/ /	
8	/ /		27	/ /		46	/ /	
9	/ /		28	/ /		47	/ /	
10	/ /		29	/ /		48	/ /	
11	/ /		30	/ /				
12	/ /		31	/ /				
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