

# 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:  _____		
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: _____					(Anthem Blue Cross and Blue Shield Members, include your 3-letter prefix)
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: <b>\$ .</b>	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person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this program.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.