

Fitness Reimbursement Form

SeniorsGetMore.org | 855-833-8125

Submit this form after you've taken fitness classes or been a member of a fitness club while being a member of Boston Medical Center HealthNet Plan Senior Care Options plan. Note: You must submit for reimbursement within one year of the date you received the service. We will reimburse 25% of your costs for up to \$150 per year.

Member Information (Please print information clearly)			
MEMBER ID NUMBER (FOUND ON YOUR MEMBER ID CARD)			
LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Health Club Information (Required)			
Attach 8 ½" x 11" photocopies of dated, paid health club or fitness class receipts, bank/credit card statements, or paycheck stub along with a copy of your Health Club Agreement, if applicable)			
NAME OF HEALTH CLUB / CLASS NAME AND LOCATION			
ADDRESS	CITY	STATE	ZIP CODE
TOTAL NUMBER OF RECEIPT COPIES ATTACHED:	REIMBURSEMENT AMOUNT REQUESTED:		

CERTIFICATION AND AUTHORIZATION (This form must be signed below).

I authorize the release of any information to Boston Medical Center HealthNet Plan about my health club membership or fitness classes. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Member's Signature

Please mail this form (including copies of required documents) to:

Boston Medical Center HealthNet Plan
Fitness Reimbursement
529 Main Street, Suite 500
Charlestown, MA 02129

Boston Medical Center HealthNet Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8125 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-833-8125 (TTY: 711).