

(855) 833-8125

SeniorsGetMore.org

As a BMC HealthNet Plan Senior Care Options (SCO) member, your health is our top priority. That’s why we offer reimbursements for fitness club memberships or fitness tracker purchases.

Who Should Submit this Form?

- Must be a BMC HealthNet Plan SCO member for at least 3 months in a calendar year before requesting a fitness tracker or fitness club reimbursement (must be a BMC HealthNet Plan SCO member at the same time as purchase, subscription, or membership) .
- Reimbursement forms are due by March 31 of the following year.

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

Member Extra(s) Requested	
<input type="checkbox"/>	Fitness Reimbursement
<input type="checkbox"/>	Fitness Tracker A fitness tracker is a digital device such as a smart watch or pedometer that can be worn and tracks your health & activity levels. Smart phones do not qualify.

To be completed by member		
	Amount Requested	Additional Documentation Needed
Fitness Club Name:		Attach 8 ½” x 11” copies of dated, paid receipts, bank/credit card statements or paycheck stub and copy of your Health Club Agreement.
Fitness Tracker Product Name:		Receipts for fitness tracker must clearly state the item being purchased.

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CERTIFICATION AND AUTHORIZATION (this form must be signed below)

I authorize the release of any information to BMC HealthNet Plan about my health/fitness club membership or health tracker purchase. 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 fold and mail this form (including copies of required documents) to:

Boston Medical Center
HealthNet Plan
Senior Care Options
Member Fulfillment
529 Main Street, Suite 500
Charlestown, MA 02129

Or fax form & required documents to (617) 897-0884

BMC 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).