

# \$125 WELLNESS BENEFIT REIMBURSEMENT FORM



- Please use this form to request reimbursement of wellness services or activities based on your Plan's specific wellness benefit. Reimbursement forms must be received no later than one year after the service or activity was paid for.
- **PLEASE PRINT.** For more information on completing this form, see reverse.

MVP Subscriber ID # \_\_\_\_\_

## MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

## REIMBURSEMENT REQUEST

Name, address and phone number of Service Provider	Description of Service	Amount Paid	Date of Payment

Total number of receipts attached: \_\_\_\_\_ Total paid: \$ \_\_\_\_\_

## CERTIFICATION AND AUTHORIZATION

I authorize the release of information about my Wellness Program utilization to my health plan. I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for or been reimbursed for these same services.

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

RETURN TO: MVP Health Care\*, Wellness Benefit Reimbursement, 625 State Street, P.O. Box 2207, Schenectady, NY 12301

## FOR OFFICE USE ONLY

Provider #	Date of Payment	HDOLLAR	POS	CPT/HCPCS	ICD-9 Dx*	ICD-10 Dx**	Charges
	From To						
	MM DD YY MM DD	YY					
			99	S9446 Youth Sports	V689	Z029	
			99	S9449 Healthy Weight Support	V689	Z029	
			99	S9970 Gym/Fitness	V689	Z029	
			99	99199 Non-Covered	V689	Z029	

\*(DOS < 10/1/15) \*\*(DOS 10/1/15 and later) Total:

## HOW TO SUBMIT YOUR REIMBURSEMENT REQUEST

1. This form may be used for Wellness reimbursement requests, only. The maximum credit is provided to each subscriber (household). For example, a family of four would be eligible for one reimbursement per Plan per calendar year.
2. Reimbursement applies to the calendar year in which the service is paid. For example, if a service was provided in December, but you paid for it in January of the current calendar year, it will apply to the current calendar year's reimbursement.
3. All reimbursement forms must be received no later than one year after the date you paid for the service.
  - Please note: Due to processing time, if you submit a reimbursement request late in the calendar year, MVP may need to issue your reimbursement in the following calendar year. Depending on your plan's specific wellness benefit, this may cause you to meet or exceed the \$600 threshold that would necessitate the filing of a Form 1099 with the IRS. See "IRS Form 1099" on the front side of this form for more information.
4. You must pay for the service before submitting a request for reimbursement. For each reimbursement you are requesting, you must attach:
  - A copy of an itemized bill, statement, debit/credit card statement, or receipt that is pre-printed, stamped or on company letterhead and includes the service provider's name and address. (Balance forward/prior balance statements are not acceptable).
  - The documentation from the service provider must include the following information:
    - » The name of the provider;
    - » The type of service provided;
    - » The date the service was rendered (start date);
    - » Your out-of-pocket cost for the service, including date(s) of all payment(s); and
    - » The name of the person(s) receiving the service
5. Please allow 4-6 weeks for reimbursement. Reimbursement requests that are not submitted according to the above mentioned guidelines will be returned for you to correct and re-submit. Reimbursement may be refused if the service provider does not meet MVP's benefit and quality standards.
6. **Sign** this form and return with required documentation to:  
MVP Health Care, Wellness Benefit Reimbursement, 625 State Street, P.O. Box 2207, Schenectady, NY 12301
7. If you have questions about completing this form or your plan's specific wellness benefit, contact the Customer Care Center at the phone number on the back of your Member ID Card.

### Examples of Services that Qualify for Reimbursement

Sorted by Wellness Benefit type

#### \$125 Wellness Benefit (New York)

Gym/Fitness Club	Fitness classes, gym memberships, Hotel Fitness Room/Facility Fee, Entry Fees (Race, Tournament), Personal Trainers, and Fitness/Weight Loss Camps.
Youth Sports/Fitness	Kids' (under age 19) fitness classes, physical activities and organized sports (examples include sports camps and teams, swimming lessons), Entry Fees (Race, Tournament), Weight Loss Programs/Camps, Scout Camps.
Healthy Weight Support	Healthy Weight Support for members of any age: select weight management programs—Weight Watchers®, Nutrisystem®, Jenny Craig®, TOPS (Take Off Pounds Sensibly)—medical provider-based programs, or counseling with a registered dietician, Weight Loss Camps.

#### What Does Not Qualify for Reimbursement

- Merchandise (e.g. attire, fitness equipment, fitness videos and publications, golf clubs, bicycles), equipment rentals (skis, bowling shoes), or fees/expenses associated with motorized sports (e.g. snowmobiling)
- Food & dietary supplements (other than those purchased directly from a program listed as part of Healthy Weight Support)
- Physical activities at country clubs (such as golf, swimming or skiing) that are not billed or itemized separately from membership fees and/or dues; or strictly social memberships at country clubs

*If you have a question about what qualifies for reimbursement or your plan's specific wellness benefit, contact the Customer Care Center at the phone number shown on the back of your Member ID Card.*