

# WellBeing Member Reimbursement Form



Coventry Health Care, Inc. will reimburse up to \$200 per household toward the cost of an annual basic gym membership. Additional services, including but not limited to personal training, babysitting, fitness classes at an additional cost, spa services and massage will not be reimbursed.

**Instructions:**

1. Complete this form and be sure to sign it.
2. Please be sure to include all of the required information for your request to be processed without delay.

Please note that the translation of itemized bills, receipts and medical records into English and American Dollars are the responsibility of the member and will not be reimbursed by the Plan.

<b>Member Last Name</b>	<b>Member First Name</b>	<b>MI:</b>	
<b>Address</b>	<b>City:</b>	<b>State</b>	<b>Zip Code:</b>
<b>Phone #</b>	<b>Member ID#</b> (found on your Coventry insurance card)		

**Required Information**

**(Your reimbursement request cannot be processed without this information).**

<b>Membership:</b>			
<b>Annual</b> <input type="checkbox"/>		<b>Monthly</b> (submitted once annually) <input type="checkbox"/>	
<b>Fitness Club Name :</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>ATTACH THE FOLLOWING: Fitness Club Receipt and Proof of Payment.</b>			
<ol style="list-style-type: none"> <li>1. Amount of reimbursement being requested \$ _____</li> <li>2. Bill that includes Fitness Club Membership fee.</li> <li>3. Proof of Payment (Receipt, Credit Card Receipt, Cancelled Check (front and back) etc.</li> </ol>			
Mail to the attention of:			
<b>Felicia Gude</b>			
<b>c/o: Coventry Health Care, 1340 Concord Terrace, Sunrise, FL 33323</b>			
<b>or fax to (860) 607-8730</b>			

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_