

# 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 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 date of birth: Mo.                      Yr.		3. Member's Identification Number as shown on your ID card:  _____ (Anthem Members include your 3-letter prefix)		
4. Member's sex:  Male                      Female <input type="checkbox"/> <input type="checkbox"/>		5. Group (Employer) name: _____ (See Anthem Identification Card) Division Number: _____				
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: _____			8. Fitness Club:  Name _____  Street _____  City _____ State _____ Zip _____			
<b>DO NOT WRITE IN SHADED AREAS</b>						
9. Vendor ID #: <b>82-9999999-NH-01</b>						
10. Workout Period: (Mo./Day/Yr.)  From                      To		11. Place of service: <b>0L</b>	12. Diagnosis Code: <b>799.89</b>	13. Amount paid by Member:  \$                      .		14. Date form completed:  _____
				15. Procedure Code:  <b>S9970</b>		
16. 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 club employee)						
The persons signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this fitness reimbursement program.  – Thank you –						

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## Reimbursement Instructions

The Fitness Reimbursement Form is to be completed by the member attending the fitness club and by a representative of the fitness club. Attach the completed log card and original receipts or withdrawal statements to the back of this form.

**Please follow the instructions below when completing this form.**

1. Fill in all unshaded sections.
2. Sign the form and have a fitness club employee sign the bottom of the form.
3. Date the form when completed and retain a copy for your records (form will not be returned).
4. Send the completed Fitness Reimbursement Form, completed log card 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, please call the Customer Service number listed 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 when program was attended;
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 are not attached to the back of this form.