

# Well-Being Reimbursement Request For Vermont Plans



## Instructions for Completing and Submitting a Request

Use this form to request reimbursement of services or activities based on your plan's specific well-being benefit. Reimbursement Request forms must be received no later than one year after purchase. Separate Request forms must be submitted for expenses incurred in different calendar years. If you mail your Reimbursement Request, retain a copy of the form and your receipts for your records.

### Print and mail this completed form and your receipts to:

WELL-BEING REIMBURSEMENT  
MVP HEALTH CARE  
PO BOX 2207  
SCHENECTADY NY 12301-2207

### Download and email this completed PDF form and your receipts to: submitclaims@mvphealthcare.com

You will be sharing Personal Health Information when you email this form. You may be required to download and save a copy of the form in order to add an electronic signature.

## Section 1: Member Information

(Please print)

Member Name (Last, First, Middle Initial)	Subscriber ID No. (See your MVP Member ID card)	Date of Birth (MM/DD/YYYY)	
Street Address	City	State	Zip Code
Email	Phone No.		

## Section 2: Reimbursement Request(s)

(Please print)

Check all categories for which you are requesting reimbursement. Enter the date you paid for the Reimbursable Charge and the amount you paid. **Include all receipts with this request** as proof of your expense. See page 2 to learn more about what qualifies for reimbursement.

Category	Business Paid (Vendor/Store/App/Provider)	Date Paid	Amount Paid (No sales tax)	(Office Use Only)		
				POS	PROC	ICD-10 Dx
<input type="checkbox"/> Social			\$	99	S9986	Z029
<input type="checkbox"/> Surroundings			\$	99	99199	Z029
<input type="checkbox"/> Physical			\$	99	S9449	Z029
<input type="checkbox"/> Financial			\$	99	S9446	Z029
<input type="checkbox"/> Mind & Spirit			\$	99	S9454	Z029

## Section 3: Certification and Authorization

I authorize the release of information about my well-being benefit 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.

**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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.**

I have read and agree to this authorization.

Subscriber's Signature

Date

## How to Submit Your Reimbursement Request

1. This form may be used for well-being reimbursement requests only. The maximum credit is provided to each subscriber (contract holder). For example, a family of four on one plan contract would be eligible for one maximum reimbursement, per calendar year.
2. Reimbursements apply to the date of service you receive the eligible item or service. For example, if a service was provided in December of last year but you paid for it in January of this year, it will count toward last year's maximum reimbursement. If a service was provided in February of this year, but you paid for it in December of last year, it will count toward this year's maximum reimbursement.
3. Depending on your plan's specific benefit, you may meet or exceed the \$600 threshold that would require the filing of a Form 1099-MISC with the Internal Revenue Service (IRS).
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 preprinted, 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** that must include all of the following information:

- The name of the service provider
- The type of service provided
- Your out-of-pocket cost for the service, including date(s) of all payment(s)
- The name of the person(s) receiving the service

If the above information is not on the printed receipt, write it on the receipt prior to submission. **Please note that sales tax is not reimbursable.**

5. Please allow 4–6 weeks for reimbursement. Reimbursement requests that are not submitted according to the aforementioned 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. Follow the instructions for completing and submitting a request at the top of the form. **Be sure to sign the form and keep a copy of the form** and your receipts for your record.
7. If you have questions about completing this form or your plan's specific benefit, contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

## Examples of Services That Qualify for Reimbursement



**A valid receipt is required for a purchase to be eligible for reimbursement.**

### Social

Registration fees for walks/runs, fees for community-based classes and continuing educations (art classes, dance classes, cooking classes, etc.), museum/aquarium subscriptions and entrance fees, amusement park admission fees, and club/organization fees.

### Surroundings

Fees for online apps and tools for home/life organization, home organizer consultant and subscription fees, Feng Shui consultant fees, safe home security systems, ergonomic equipment and items such as, sit and stand desks, feet and back supports, and other ergonomic items that support working from home.

### Physical

Healthy weight support programs, yoga classes and mats, youth and adult fitness memberships, tobacco cessation courses, activity tracking devices, clean eating online apps or cookbooks, fitness equipment, youth sports equipment, and health monitoring devices.

### Financial

Financial planner and consultant fees, budgeting and financial planning online apps, and financial programs designed to help you manage and protect your assets.

### Mind & Spirit

Meditation classes, mindfulness-based programs and stress-reduction classes, meditation and mindfulness apps, and massage therapy with a licensed massage therapist.

## Examples of Services That Do Not Qualify for Reimbursement

- Clothing
- Fees/expenses associated with motorized sports (snowmobiling, jet skiing, four wheeling)
- Food and dietary supplements
- Physical activities at country clubs (golf, swimming, or skiing) that are not billed or itemized separately from membership fees and/or dues; or strictly social memberships at country clubs
- Services provided by non-licensed massage therapist
- Medicine or products meant to aid in quitting smoking or chewing tobacco (nicotine replacement therapy products). MVP will not cover other services not considered a "support program" such as acupuncture, reflexology, hypnosis, etc.
- Purchases made via private sale or social media

## Questions about what qualifies for reimbursement or your plan's specific benefit?

Call the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.