

MVP Well-Being Reward & Reimbursement Request For Essential Plan



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 within one year after the date of service or purchase. Separate Request forms must be submitted for expenses incurred in different calendar years. If submit your Reimbursement Request by mail, retain a copy of the form and your receipts for your records.

See page 2 for additional information about submitting requests.

Print and mail this completed form and your receipt(s) to:

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

Download and email this completed PDF form and your receipt(s) 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: Annual Physical Exam Reward Request

Once your provider has submitted a claim for your annual physical exam, you are eligible to request the \$100 reward. Your provider has up to 180 days from the date of service to submit the claim for processing.

Date of Annual Physical Exam	(Office Use Only)	POS 99	PROC 99002	ICD-10 Dx Z029
------------------------------	-------------------	-----------	---------------	-------------------

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"/> 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 an annual physical exam reward and well-being reimbursement requests only. The maximum credit is provided to each subscriber (contract holder) per contract, 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 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.

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)
- 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.
- Purchase 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.