



Healthy Lifestyle Rider Reimbursement Request

Instructions for Completing and Submitting this Reimbursement Request

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.** See side 2 for additional information on completing this form.

Section 1: Member Information *(please print)*

Member Name <i>(last, first, middle initial)</i>			MVP Subscriber ID No. <i>(found on MVP Member ID card)</i>			
Street Address					Date of Birth <i>(MM/DD/YYYY)</i>	
City			State	Zip Code	Phone No.	

Section 2: Reimbursement Request(s)

Name, Address, and Phone No. of Service Provider	Description of Service	Amount Paid
		Date Paid
		\$ / /
		\$ / /

Total Number of Receipts Included with this Request →		Total Paid →	\$
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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 Form 1099 with the IRS. As a standard practice, MVP will issue reimbursement of the Healthy Lifestyle Rider(s) in the amount of \$299.99 to avoid this issue. **If you wish the reimbursement of \$300 instead, please check the box below.**

I prefer to receive the \$300 reimbursement.

Section 3: 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
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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 \$5,000 and the stated value of the claim for each such violation.

Submit this completed form and receipts by mail to:
ATTN: WELLNESS BENEFIT REIMBURSEMENT, MVP HEALTH CARE, 625 STATE ST, PO BOX 2207, SCHENECTADY NY 12301-2207

Office Use Only

Provider No.			HDollar			POS	CPT/HCPCS	ICD-10 Dx	Charges
Payment Date From			Payment Date To			99	S9446 Youth Sports	Z029	\$
MM	DD	YYYY	MM	DD	YYYY	99	S9449 Healthy Weight Support	Z029	\$
						99	S9970 Gym/Fitness	Z029	\$
						99	99199 Not Covered	Z029	\$
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.
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 all of 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)
 - 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 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. **Sign this form** and return it with the required documentation to:
ATTN: WELLNESS BENEFIT REIMBURSEMENT
MVP HEALTH CARE
625 STATE STREET
PO BOX 2207
SCHENECTADY NY 12301-2207
7. If you have questions about completing this form or your plan's specific wellness 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

Healthy Lifestyle Gym/Fitness Club Rider

Fitness classes, gym memberships, hotel fitness room/facility fees, entry fees (race, tournament), personal trainers, and fitness/weight-loss camps

Healthy Lifestyle Youth Sports/Fitness Rider

Kids' (age 18 and under) fitness classes, physical activities and organized sports (including sports camps and teams, swimming lessons), entry fees (race, tournament), weigh-loss programs/camps, Scout camps

Healthy Lifestyle Healthy Weight Support Rider

Healthy weight support for members of any ages: select weight management programs, including Weight Watchers®, Nutrisystem®, Jenny Craig®, TOPS (Take Off Pounds Sensibly), medical provider-based programs, or counseling with a registered dietician, weight-loss camps

Services that Do Not Qualify for Reimbursement

- Merchandise (attire, fitness equipment, fitness videos and publications, golf clubs, bicycles), equipment rentals (skis, bowling shoes), or fees/expenses associated with motorized sports (snowmobiling)
- Food and dietary supplements (other than those purchased directly from a program listed as part of Healthy Weight Support)
- 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

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



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