

# Well-Being Benefit Reimbursement Request For New York Plans



## Instructions for Completing and Submitting this Reimbursement Request

Use this form to request reimbursement of services or activities based on your plan's specific well-being benefit. Reimbursement forms must be received no later than one year after paying for the service or activity. Separate forms must be submitted for services and activities completed in different calendar years. **Please print.**

### Section 1: Member Information *(please print)*

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

### Section 2: Reimbursement Request(s)

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

Activity	Business Paid <i>(Vendor/Store/App/Provider)</i>	Date Paid	Amount Paid	<i>(Office Use Only)</i>		
				POS	PROC	ICD-10 Dx
<input type="checkbox"/> Social			\$	99	S9986	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.

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

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.**

Mail to: WELL-BEING BENEFIT REIMBURSEMENT, MVP HEALTH CARE, PO BOX 2207, SCHENECTADY NY 12301-2207

Email to: [submitclaims@mvphealthcare.com](mailto:submitclaims@mvphealthcare.com)

## How to Submit Your Reimbursement Request

1. This form may be used for well-being benefit 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. 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.

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 benefit, this may cause you to meet or exceed the \$600 threshold that would require the filing of a Form 1099 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 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 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, please write it on the receipt prior to submission.

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 MVP:

**Mail to: WELL-BEING BENEFIT REIMBURSEMENT  
MVP HEALTH CARE  
PO BOX 2207  
SCHENECTADY NY 12301-2207**

**Email to: [submitclaims@mvphealthcare.com](mailto:submitclaims@mvphealthcare.com)**

*Please note that you are sharing Personal Health Information when you email this form. Be sure to confirm that you are sending this form and other required documentation to the correct email address, noted above.*

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 listed on the back of your MVP Member ID card.

## Examples of Services that Qualify for Reimbursement

### Social

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

### Physical

Healthy weight support programs, youth and adult fitness memberships, tobacco cessation courses, activity tracking devices, and clean eating online apps or cookbooks.

### Mind & Spirit

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

## 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 healthy weight support program)
- 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.

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



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