PARTNERS HEALTH PLAN

YOUR PLAN, YOUR WAY

PHP Care Complete FIDA-IDD (Medicare - Medicaid Plan)

2500 Halsey Street | Bronx, NY 10017 | 646.844.4020 | phpcares.org

Gym Reimbursement Form

PHP members who purchase and participate in a gym membership or fitness class may be eligible for gym membership reimbursement of up to $400 per calendar year. In order to qualify, proof of paid membership and attendance must be submitted with this completed reimbursement form.

Please complete both the front and back of this form, and mail this form and all supporting documents to:

Partners Health Plan
Attn: Gym Reimbursement
8 Southwoods Blvd Ste 110
Albany, NY 12211

Or email this completed form and submit all supporting documents to: **gymreimbursement@phpcares.org.**

Member Information:

Date	
PHP Member Name	
PHP Member ID	
Member Address	
Submitted by (if other than the PHP Member	

Fitness Facility Information:

Facility Name	**Session Type**	**Address (*website address, if an online/virtual class*)**	**Number of visits/classes completed**	**Amount Paid to Facility** *Please be sure to attach the required proof of payment for the amount indicated below*	**Attendance Date Range** *Please be sure to attach the required proof of attendance for each date within the date range indicated below*
e.g., ABC Gym	*e.g., In-person*	*e.g., 123 Orange Street Westchester NY*	*e.g., 20*	*e.g., $185.78*	*e.g., Feb 15 to April 30*

Fitness Payment Information:

Total Amount Requested $_____

Does this *Total* amount include Monthly Membership fees? No☐Yes☐
If yes, please indicate the monthly fee here: $____

Does this *Total* amount include an Annual Membership fee? No☐Yes☐
If yes, please indicate the annual fee here: $_____

Does this *Total* amount include a per session/class fee? No☐Yes☐
If yes, please indicate the per session/class fee here: $____

I attest that the services for which I am seeking payment were purchased for my own personal use and were not acquired for use by anyone else. I understand that I have the right to file a grievance if I do not agree with the decision that Partners Health Plan made with regard to payment of my Benefit.

Member Signature: _____

Date: _____

Gym Membership Reimbursement Program Requirements

Members who purchase and participate in a gym membership or who purchase and complete fitness classes online or in person may be eligible for gym membership reimbursement up to $400 per year. In order to qualify, the following proof of paid membership or class fees and attendance must be submitted with this completed reimbursement form:

1. Proof of Payment: receipt from the gym; copy of a canceled check; credit card statement; bank statement, online purchase receipt. Proof of payment must include the gym or fitness facility name, the amount paid, and date paid. AND

2. Proof of Attendance showing a minimum of 26 visits per calendar year requesting reimbursement: a gym-generated printout of attendance that identifies the date of every gym visit or an official tracking sheet signed and certified by a gym employee or a signed letter from the facility or class instructor or certificate of attendance for applicable dates.