

Fitness Center Reimbursement Request Form

Fees will be reimbursed only for commercial, public fitness facilities that have a full complement of supervised fitness activities and equipment. Fees for recreational activities such as golf, bowling, softball, etc. are not reimbursable. Members must request reimbursement on a quarterly basis. Reimbursement is limited to:

- \$75 per quarter for HMO Plus, PPO Plus and PPO Premier members
- \$45 per quarter for HMO Standard members.

NO REIMBURSEMENTS WILL BE PAID IN ADVANCE. A form must be submitted for each quarter, and no later than December 31 to receive reimbursement for that year. Please allow 30 days for processing.

Member Last Name	First Name	MI
Mailing Address	City	State
FM	()	ZIP
FMD Id #	Telephone Number	
Facility Name	Facility Address	
/ / to / /		
Fitness Center Reimbursement Dates (from-to)	Amount Requested	

Include the following with your Request:

Initial Request	Copy of fitness center contract showing the beginning date of membership and the name of the member.
All Requests	Dated original receipts or copies of bank/credit statements showing the charge for membership or classes.

Keep copies of all documentation for your records. Original receipts will not be returned.

Acknowledgement and Certification:

I acknowledge that reimbursement is subject to approval. The information in this form is complete and accurate. I am claiming reimbursement only for eligible fees and have not been previously reimbursed for these fees.

Member Signature	Date
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Send completed form and supporting documents to:

First Medicare Direct
ATTN: Claims Processing Center
3310 Fields South Dr
Champaign, IL 61822