

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 New Hanover Health FirstMedicare Select (HMO-POS) members
- \$75 per quarter for New Hanover Health FirstMedicare Platinum (HMO-POS) 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 / / | Amount Requested | |
| Fitness Center Reimbursement Dates (from-to) | | |

Include the following with your Request:

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|-----------------|---|
| 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 |
|------------------|------|

Send completed form and supporting documents to:

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