

# Fitness Benefit Out-of-Network Reimbursement Claim Form

**UPMC *for Life***  
UPMC Health Plan Medicare Program

## Here's how to get your fitness membership out-of-network reimbursement:

1. Pay the gym or fitness center for your membership on a monthly or annual basis.
2. Complete the claim form on the back of this page. The fitness reimbursement can be used only toward the basic fitness services included in a gym or fitness center.
  - Submit one claim per member. We cannot split a claim for spouses.
3. Attach a copy of the paid gym or fitness center receipt that includes the name of the facility, month of fee or annual amount, and amount paid. You have the choice to submit your fitness claim on a monthly or annual basis.
  - A cancelled check or credit card bill cannot be used as a receipt.
  - The receipt cannot be for gym or fitness fees prior to the benefit year or your enrollment effective date in our plan.
4. Please keep copies of the gym or fitness center receipt(s) you send to us. We will not return copies of the receipt(s), even if the request for payment is denied.
5. Mail this claim reimbursement form and paid receipt or statement to:  
UPMC *for Life*  
ATTN: Claims Department  
P.O. Box 2997  
Pittsburgh, PA 15230
6. You will be reimbursed by UPMC *for Life* based on the out-of-network coinsurance for your plan up to our allowed amount. Please refer to your UPMC *for Life* Evidence of Coverage for your fitness center benefit out-of-network cost sharing.

If you have questions or need additional information, contact UPMC *for Life* Member Services toll-free at 1-877-539-3080. TTY users should call 1-800-361-2629. We are available to take your call from 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 3 p.m. on Saturday.

**Benefit Exclusions:** The fitness center benefit does not count toward fitness classes that have a separate fee (e.g., aerobics, dance, tai chi, personal trainers, yoga, etc.), tennis lessons or fees, golf lessons or course fees, weight loss classes, or meal replacement programs (e.g., Weight Watchers, Jenny Craig, etc.).

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits or coinsurance may change on January 1 each year. UPMC *for Life* has a contract with Medicare to provide HMO and PPO plans. Enrollment in UPMC *for Life* depends on contract renewal.

# Fitness Benefit Out-of-Network Reimbursement Claim Form



Please print clearly and enter ALL information requested on this claim form.  
(Submit one claim form and paid receipt per member.)

Member Information			
Last Name:		First Name:	Middle Initial:
UPMC Member ID Number (from your ID Card):		Sex: Male _____ Female _____	Date of Birth:
Street Address (do not list a P.O. Box):			
City	State:	Zip Code:	County:
Phone Number:		Email: (optional)	

Fitness Benefit Claim Information	
<p><b>How to submit the fitness benefit claim form for reimbursement:</b></p> <ul style="list-style-type: none"> <li>You must submit a copy of the <b>paid</b> fitness center receipt or statement that shows the dates of service/year and the facility's name. A cancelled check <b>cannot</b> be used as a receipt.</li> <li>Reimbursement may be made for your out-of-network coinsurance up to our allowed amount for your UPMC <i>for Life</i> PPO plan.</li> </ul>	
<p><b>Type of fitness claim being submitted:</b></p> <input type="checkbox"/> Annual Fitness Benefit Claim    Year Submitted: _____ <input type="checkbox"/> Monthly Fitness Benefit Claim    Month/Year Submitted: _____	
Name of Fitness Center/Gym:	
Address of Fitness Center:	

Member Authorization	
<p><b>This form must be signed and dated below by the member.</b></p> <p>I certify that the information provided on this reimbursement claim form and the attached claim receipt are true and correct to the best of my knowledge.</p>	
Member's Signature:	Date:

Please submit the reimbursement claim form and receipt to:  
UPMC *for Life*, P.O. Box 2997, Pittsburgh, PA 15230