



# FITNESS PROGRAM MEMBER REIMBURSEMENT CLAIM FORM

Dear Member:

Mercy MedicareADVANTAGE members are eligible for a reimbursement every calendar year for health club memberships or fitness classes provided by an official health club, fitness center, or business entity. The annual amount is detailed in your Evidence of Coverage and may change annually.

### Reimbursement Reminders/Rules

- Classes or memberships must be with a business establishment (YMCA, Bally's, Curves, etc). Personal trainers, private classes and training, or other non-verifiable fitness classes are not eligible for reimbursement.
- Complete and return this claim form with the paid receipts for classes or membership fees. For reimbursement, the receipt must be dated during the current calendar year.
- Send the information to:      Mercy MedicareADVANTAGE  
  P.O. Box 4568  
  Springfield, MO 65808-4568

If you have any questions, please contact us at 800-280-1602. TTY/TDD users should call 800-468-4418. Representatives are available:

November 15 - March 2: 7 days a week, 8:00 a.m. - 8:00 p.m. (Central Time)  
March 3 - November 14: Monday - Friday 8:00 a.m. - 5:00 p.m. (Central Time). Part D prescription drug calls are accepted until 8:00 p.m.

After hours, you will reach our voice mail system. Please leave a message so that we may return your call the next business day. You may also contact us through our website at: [mercyhealthplans.com](http://mercyhealthplans.com)

Mercy MedicareADVANTAGE Fitness Reimbursement Form	
Name:	Member Insurance ID#:
Date Fee Was Paid:	Fee Amount:
<b>Signature of Fitness Center or Health Club Representative:</b>	
For Office Use Only:      Dx V70.0      CPT: S9970	