TUFTS Health Plan

Fitness and Nutritional Counseling Benefit Reimbursement Form

This form is used to request the $150 Fitness and Nutritional Counseling Reimbursement offered through Tufts Health Plan Medicare Preferred Supplement plans. Please note, this benefit does not cover membership fees you pay to non-qualified health clubs or fitness facilities, including but not limited to martial arts centers, gymnastics facilities, country clubs and social clubs, or for sports activities such as golf and tennis.

If a Member Reimbursement is being submitted by an Authorized Representative, please complete and include the Tufts Health Plan *Appointment of Personal Representative (AOR) Form*, or any legal documentation verifying personal representation, with your request. We require verification of the authority of an Authorized Representative before the request can be processed. You can find the AOR Form on our website at **thpmp.org/tmp-aor-form**.

☐ **I am completing this form as an Authorized Representative to the subscriber.**

Member Information

First name | M.I. | Last name

Date of birth | Member ID number

Reimbursement Information

Name of facility/class/counselor/program

Street address

City | State | ZIP

Total amount of reimbursement you are requesting

$.

I am requesting reimbursement for (check all boxes that apply)

☐ Club/facility membership fee(s)

☐ Nutritional counseling fee(s)

☐ Fitness class fee(s)

If you are applying your benefit toward a health club or fitness facility, please confirm you received an orientation to the facility and equipment.

☐ Yes, I received an orientation

Signature

I authorize the release of any information to Tufts Health Plan about my health club membership. I certify that the information provided is complete and correct, and that I have not previously submitted for these services.

Signature _____

Date _____

Instructions

Reimbursement requests must be received by March 31 of the following year.

You can submit this form with paid receipts once and receive your $150 Fitness and Nutritional Counseling reimbursement in full, OR you may submit this form with paid receipts several times until you have received up to $150. You can receive up to $150 per calendar year (January 1–December 31).

Please submit the following:

1. **This completed form** (only one member request per form, please)
2. **Photocopies of one of the following:**
   - Dated, paid receipt with the name of the facility, class, or counselor preprinted on the receipt, and the amount paid
   - Front and back of cancelled check written to the facility, class, or counselor
   - Credit card statement or receipt identifying the facility, class, or counselor

Photocopies must be on 8.5″×11″ paper. Multiple receipts can be included on one page. Please keep copies of all the paperwork you send us. We are not able to return photocopies of receipts or agreements, even if the request for payment is denied.

Remember to check with your doctor before starting an exercise program!

Please mail this completed form, paid receipts, and statements to:

Tufts Health Plan Medicare Preferred Supplement
Fitness and Nutritional Counseling Benefit
P.O. Box 214
Canton, MA 02021-0214

For more information:

Call Member Services at **1-800-701-9000 (TTY: 711)**
8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).