TUFTS Health Plan

SCO Wellness Allowance Reimbursement Form

This form is used to to request the $200 Wellness Allowance Reimbursement Benefit offered by the Tufts Health Plan Senior Care Options plans.

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

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

Member Information

First name | M.I. | Last name | Phone number

Date of birth | Member ID number | Gender ☐ Male ☐ Female

Benefit calendar year | Street address | City | State | Zip

Program and Reimbursement Information

Name of facility/class/counselor/program

Street address

City | State | Zip

Total reimbursement you are requesting:

☐ $200.00

☐ Less than $200 (indicate amount below)

$ ___ . ___

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

☐ Club/facility membership fee(s)

☐ Nutritional counseling fee(s)

☐ Fitness class fee(s)

☐ Matter of Balance program

☐ Chronic disease self-management program

☐ Other wellness program (specify):

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 Senior Care Options 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 Tufts Health Plan Senior Care Options by March 31 of the following year. Reimbursements for 2019 must be received by July 31, 2020.

You can submit this form with paid receipts once and receive your $200 Wellness reimbursement in full, OR you may submit this form with paid receipts several times until you have received up to $200. You can receive up to $200 per calendar year (January 1–December 31).

Please submit the following:

- **Completed SCO Wellness Allowance Reimbursement Form** (only one member request per form please).
- **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” x 11” paper. Multiple receipts can be included on one page.

Please mail this completed form and proofs of payment/receipts to:

Tufts Health Plan Senior Care Options,
Wellness Benefit
P.O. Box 9183
Watertown, MA 02471-9183

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!

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