



# Wellness Programs Reimbursement Form

- Please use this form to request reimbursement of Wellness Programs, TriVantage Plan and Healthy Lifestyle Riders.
- Reimbursement forms must be received no later than one year after the date you paid for the service.
- Please PRINT. For more information about submitting your reimbursement request, see next page.

**Member Information:** (for the specific member using this benefit)

Subscriber ID #:											
Member's Last Name			First Name				Middle Initial		Date of Birth (MM/DD/YYYY)		
Address			City/State/Zip Code				Phone Number				

Name, address and phone number of service provider	Plan Type: (Please check one)	Amount Paid	Date of Payment
	<input type="checkbox"/> Healthy/Wellness Gym <input type="checkbox"/> Healthy/Wellness Weight		
	<input type="checkbox"/> Healthy/Wellness Youth <input type="checkbox"/> TriVantage		
	<input type="checkbox"/> Healthy/Wellness Gym <input type="checkbox"/> Healthy/Wellness Gym		
	<input type="checkbox"/> Healthy/Wellness Youth <input type="checkbox"/> TriVantage		
<b>Total number of receipts attached:</b>		<b>Total paid:</b>	<b>\$</b>

**IRS Form 1099**

TriVantage Reimbursement, Healthy Lifestyle Riders Reimbursement, WellStyle Rewards and Wellness Program Reimbursements may be subject to tax and any individual receiving such Rewards or Credits should consult his/her tax advisor as to their proper treatment. In addition, please note that in the event a subscriber is paid \$600 in such Rewards or Credits in a calendar year, MVP is required to file a Form 1099 with the IRS (the subscriber will receive a copy).

TriVantage - MVP will provide reimbursement of the TriVantage Credit in the amount of \$299.99 as standard practice. If you prefer the reimbursement of \$300, please check this box . Please provide your Social Security Number below. As explained above, MVP will only use your Social Security Number if your total reimbursement exceeds \$600.

Subscriber Social Security Number:				-			-			
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**Certification and Authorization:** (this form must be signed below)

I authorize the release of information about my Lifestyle Credit utilization to my health plan. I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for or been reimbursed for these same services.

\_\_\_\_\_  
Subscriber's signature

\_\_\_\_\_  
Date

Any person who knowingly files a reimbursement request containing any misrepresentation or any false, incomplete or misleading information is guilty of a criminal act punishable under law and may be subject to civil penalties.

**Return to: TriVantage/Healthy Lifestyle Rider, 625 State Street, PO Box 2207, Schenectady, NY 12301**

*(See next page for guidelines on completing this form)*

**For Office Use Only:**

Provider #						HDOLLAR					
Date of Payment						POS	CPT/HCPCS	ICD-9 Code	Charges		
From			To			99	S9446 Youth Sports & TriVantage	V689			
MM	DD	YY	MM	DD	YY	99	S9449 Healthy Weight Support	V689			
						99	S9970 Gym/Fitness & TriVantage Active	V689			
						99	S9986 TriVantage Healthy Alternative	V689			
						99	99199 Non-Covered	V689			
								<b>Total:</b>			

## How to Submit Your Reimbursement Request

1. This form may be used for TriVantage/Healthy Lifestyle Rider and Wellness Program reimbursement requests **ONLY**. The maximum credit is provided to each subscriber (household). For example, a family of four would be eligible for one reimbursement per Healthy Lifestyle Rider or TriVantage Plan per calendar year.
2. Reimbursement applies to the calendar year in which the service is **paid**. For example, if a service was provided in December, but you paid for it in January of the current calendar year, it will apply to the current calendar year's reimbursement.
3. **All reimbursement forms must be received no later than one year after the date you paid for the service.**
  - Please note: Due to processing time, if you submit a TriVantage reimbursement request late in the calendar year, MVP may issue your reimbursement in the following calendar year. This may cause you to meet or exceed the \$600 threshold that would necessitate the filing of a Form 1099 with the IRS. See "IRS Form 1099" on the front side of this form for more information.
  - You are responsible for any tax consequences related to reimbursement for any of the activities described above.
4. Attach the **pre-printed, paid original receipt** showing the type of service:
  - You must pay for the service before submitting a request for reimbursement.
  - For each Qualifying Activity listed above you must attach an original itemized bill, statement, debit/credit card statement, or a receipt **pre-printed, stamped, or on company letterhead that includes the service provider's name and address.**
  - Balance forward/prior balance statements are not acceptable.
  - The documentation from the service provider must include the following information:
    - The name of the provider;
    - The type of service provided;
    - The date the service was rendered (start date);
    - Your out-of-pocket cost for the service, including date(s) of all payment(s); and
    - The name of the person(s) receiving the service.
  - Please note: reimbursement requests that are not submitted according to these guidelines will be returned for you to correct and re-submit.
5. Reimbursement may be refused if the service provider does not meet MVP's benefit and quality standards.
6. Sign this form and return it to: TriVantage/Healthy Lifestyle Rider/Wellness Program, 625 State Street, P.O. Box 2207, Schenectady, NY 12301.
7. Please allow 4-6 weeks for reimbursement (as long as your request is complete and accurate).
8. If you have questions about completing this form, contact the Customer Care Center at the phone number on your Member ID Card.

**TriVantage Reimbursement (up to \$300 per subscriber per year)**

**Examples of Activities that Qualify for Reimbursement**

Active Lifestyles	Adult (age 18 and over) fitness classes and physical activities (including yoga sessions, kayak lessons, Tai Chi, Pilates, martial arts), gym memberships, greens fees, ski lift tickets, personal training services. Plus, Healthy Weight Support: select weight management programs – Weight Watchers <sup>®</sup> , Nutrisystem <sup>®</sup> , Jenny Craig <sup>®</sup> , TOPS (Take Off Pounds Sensibly) – medical provider-based programs, or counseling with a registered dietician.
Family Focus	Kids' (under age 18) fitness classes, physical activities and organized sports (examples include bowling, sports camps and teams, swimming lessons), as well as driver education. Plus, Healthy Weight Support: select weight management programs – Weight Watchers <sup>®</sup> , Nutrisystem <sup>®</sup> , Jenny Craig <sup>®</sup> , TOPS (Take Off Pounds Sensibly) – medical provider-based programs, or counseling with a registered dietician.
Healthy Alternatives	Healthy Weight Support for members of any age: select weight management programs – Weight Watchers <sup>®</sup> , Nutrisystem <sup>®</sup> , Jenny Craig <sup>®</sup> , TOPS (Take Off Pounds Sensibly) – medical provider-based programs, or counseling with a registered dietician.

**What Does Not Qualify for Reimbursement**

- Merchandise (e.g. attire, fitness equipment, fitness videos and publications, golf clubs, bicycles), equipment rental (skis, bowling shoes), or fees/expenses associated with motorized sports (e.g. snowmobiling)
- Food & dietary supplements (other than those purchased directly from a program listed as part of Healthy Weight Support)
- Physical activities at country clubs (such as golf, swimming or skiing) that are not billed or itemized separately from membership fees and/or dues; or strictly social memberships at country clubs

**Healthy Lifestyle Rider Credits and Wellness Program**  
**Gym/Fitness Club Healthy Lifestyles Rider - \$300 per contract, per calendar year**  
**Youth and Sports Fitness Healthy Lifestyles Rider - \$300 per contract, per calendar year**  
**Healthy Weight Support Healthy Lifestyles Rider - \$100 per contract, per calendar year**  
**Wellness Program for NY Premier Plus & Liberty Plans - \$125 per contract, per plan year**

**Examples of Activities that Qualify for Reimbursement**

Gym/Fitness Club	Fitness classes, gym memberships, hotel fitness room/facility fee, entry fees (race, tournament), Personal trainers and fitness/weight loss camps.
Youth Sports and Fitness	Kids' (under age 19) fitness classes, physical activities and organized sports (examples include sports camps and teams, swimming lessons), Entry Fees (Race, Tournament), Weight Loss Programs/Camps, Scout Camps.
Healthy Weight Support	Healthy Weight Support for members of any age: select weight management programs – Weight Watchers <sup>®</sup> , Nutrisystem <sup>®</sup> , Jenny Craig <sup>®</sup> , TOPS (Take Off Pounds Sensibly) – medical provider-based programs, or counseling with a registered dietician, Weight Loss Camps.

**What Does Not Qualify for Reimbursement**

- Merchandise (e.g. attire, fitness equipment, fitness videos and publications, golf clubs, bicycles, gift certificates), equipment rental (skis, bowling shoes), or fees/expenses associated with motorized sports (e.g. snowmobiling)
- Food & dietary supplements (other than those purchased directly from a program listed as part of Healthy Weight Support)
- Physical activities at country clubs (such as golf, swimming or skiing) that are not billed or itemized separately from membership fees and/or dues; or strictly social memberships at country clubs

If you have a question about what qualifies for reimbursement, contact the Customer Care Center at the phone number shown on your Member I.D. Card. TriVantage and Healthy Lifestyle Riders are issued by MVP Health Insurance Company and MVP Health Insurance Company of New Hampshire, Inc.