Submit by Email | Print Form

Inter Valley Health Plan

Medicare plans for health. Not for profit.

FITNESS REIMBURSEMENT FORM

How to Get Your $25 Fitness Reimbursement

As an Inter Valley Health Plan Service To Seniors (HMO) member, you can get up to $25 each month toward your monthly gym/health club/fitness studio dues.

This benefit allows you to be reimbursed for membership dues for facilities that meet the following criteria:

- The gym/health club/fitness studio must exist primarily to provide facilities, equipment and resources for the purpose of maintaining, or improving physical activity and fitness
- Facility must be open to the public and non-discriminatory
- The facility must provide for the general safety of members.

Please note, this benefit does not include reimbursement for single fitness classes or a series of classes, fitness classes and recreational programs offered through community and educational institutions and social or recreational activities such as golf, tennis, dancing nature or community walks or spa services.

To Get Your Reimbursement Send Us:

1) The completed Fitness Reimbursement Form on the back of this page (Only one member request per form).
2) Photocopies of one of the following:
   - Dated, paid receipt with the name of the facility preprinted on the receipt and the amount paid
   - Front and back of cancelled check written to the facility
   - Credit card statement identifying the facility and amount paid

How to Submit This Form:

1) You can submit this form with paid receipts once and receive your $25 fitness reimbursement OR you may submit this form with paid receipts several times a year.
2) Mail the form to: Inter Valley Health Plan, Claims Department/Gym, PO Box 6002, Pomona, CA 91769-6002
3) Reimbursements must be received by Inter Valley Health Plan Service To Seniors (HMO) by December 31st of the following year.

Important Reminders:

- You must have been a member of Inter Valley Health Plan Service To Seniors during the months you are requesting a fitness reimbursement
- We cover up to $25. If your dues are less than $25, you will receive a reimbursement only for the amount you have paid to the facility. If your dues are over $25, you pay the difference.

Inter Valley Health Plan

Medicare plans for health. Not for profit.

FITNESS REIMBURSEMENT FORM

To expedite the processing of your reimbursement, please complete this reimbursement form and attach documentation of your payments. Without this form and proof of payment we are unable to consider your reimbursement request. Please mail to Inter Valley Health Plan, Claims Department/Gym, P.O. Box 6002, Pomona, CA 91769-6002.

MEMBER INFORMATION: (USE BLACK OR BLUE INK ONLY)

Name (Last, First, Middle Initial):_____

Address:_____

Street City State ZIP

Date of Birth:____/____/____ ☐ Male ☐ Female Phone:_____

Inter Valley Health Plan Member ID #: | | | | | | | | | | * | | |

GYM/HEALTH CLUB/FITNESS STUDIO INFORMATION:

Facility name:_____

Facility address:_____

PAYMENT INFORMATION:

Please indicate which one of the following forms of proof of payment you are including with this form:

☐ Dated, paid receipt with the name of the facility preprinted on the receipt and the amount paid

☐ Front and back of cancelled check written to the facility

☐ Credit card statement identifying the facility and amount paid

Monthly reimbursement requested $_____ **(maximum allowance $25 per month)**. Please allow 30 days for processing.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Reimbursement can be submitted monthly, quarterly or at the end of the calendar year. But, has to be submitted, no later than December 31, OF THE FOLLOWING YEAR.

SIGNATURE REQUIRED:

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Inter Valley Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. If at any time during the year you cancel your gym/health club membership, you agree to contact the Plan.

Member Signature:_____ Date:_____

If you have any questions, contact our Member Care Team at 800-251-8191. Contact us October 1 to March 31, 8:00am to 8:00pm, 7 days a week. April 1 to September 30, 8:00am to 8:00pm, Monday through Friday. Note: We are closed most federal holidays. When we are closed you have an option to leave a message. Messages will be returned within 1 business day.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-251-8191 (TTY/TDD 711). This is a free service. Inter Valley Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-251-8191 (711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito. Inter Valley Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电1-800-251-8191 (711) 。我们的中文工作人员很乐意帮助您。 这是一项免费服务。Inter Valley Health Plan 遵守適用的聯邦民權法律規定，不因種族、 膚色、民族統、年齡、殘障或性別而歧視任何人。您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的 翻譯 服務。如需翻譯服務，請致電1-800-251-8191 (711)。我們講中文的人員將樂意為您提 供幫助。 這是一項免費服務。Inter Valley Health Plan 遵守适用的联邦民权法律规定，不因种族、肤色、民族血统、年龄、残障或性别而歧视任何人。ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-251-8191 (TTY/TDD: 711). 鬧雷：흔벎큉賈痰런體櫓匡，큉옵 鹿출費獲돤語喇賭燎畾務。請鈴電 Call 1-800-251-8191 (TTY/TDD:711).