

MassHealth Fitness Reimbursement Form

When To Submit This Form:

- After you've been a member of a health or fitness club and BMC HealthNet Plan's MassHealth plan at the same time for at least three months in a calendar year. You must be a member of BMC HealthNet Plan at the time you are submitting the reimbursement form. Reimbursement is up to \$200 of your fitness costs per family per year.
- Once per calendar year, filed no later than March 31 of the following year. Since you can only submit for reimbursement once per year, we recommend that you wait until you have paid as much of your fees as possible in order to receive the maximum reimbursement amount you're entitled to.

Member Information (Please print information clearly)			
YOUR MEMBER ID NUMBER (FOUND ON YOUR BMC HEALTHNET PLAN ID CARD)			
MEMBER'S LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Health Club Information (Required)			
Attach 8 ½" x 11" photocopies of dated, paid health club receipts, bank/credit card statements, or paycheck stub along with a copy of your Health Club Agreement)			
NAME OF HEALTH CLUB			
ADDRESS	CITY	STATE	ZIP CODE
TOTAL NUMBER OF RECEIPT COPIES ATTACHED:	REIMBURSEMENT AMOUNT REQUESTED:		

CERTIFICATION AND AUTHORIZATION (This form must be signed below).

I authorize the release of any information to BMC HealthNet Plan about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Member's Signature

Please fold and mail this form (including copies of required documents) to:

BMC HealthNet Plan
 Fitness Reimbursement
 Two Copley Place, Suite 600
 Boston, MA 02116