

Silver&Fit® Out-of-Network Reimbursement Form

Please complete the reimbursement form, located on the next page, and attach a copy of your completed Fitness Center Member Verification Form and a copy of your proof of payment, showing your name, fitness center name, amount paid, and dates covered. Without these forms and proof of payment we will be unable to consider your reimbursement request.

Please note that reimbursement requests for fitness centers outside of the 50 U.S. states and District of Columbia will not be considered. To be eligible for reimbursement, the fitness center must offer use of cardiovascular exercise equipment (e.g., treadmills, exercise bicycles, stair climbers, etc.), strength or resistance training equipment (e.g., weight/resistance machines, free weights, etc.), and/or instructor-led classes (such as aerobic dance, Pilates, "step" classes, yoga, etc.). Approved fitness centers must have staff oversight, be open to the public, and must offer a membership agreement (or equivalent thereof). Rehabilitation or physical therapy services, personal training sessions, social clubs, sports teams, and leagues are excluded.

It is your responsibility to continuously verify if the out-of-network fitness center you are using joins the Silver&Fit network. You can check status on the Silver&Fit website or directly with the fitness center. You will not be reimbursed for dates in which the fitness center is participating in the Silver&Fit network. Please contact Silver&Fit for more information on what you need to do if your out-of-network fitness center joins the Silver&Fit network.

Please email* or mail your completed forms no later than 90 days after the end of the calendar year. Be sure to include:

- Reimbursement Form
- Fitness Center Member Verification Form
- Proof of Payment

Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117

Email: fitness@ashn.com

If you have any questions, please call Silver&Fit at **1.888.797.7925 (TTY/TDD: 711)**,
Monday through Friday, 8 a.m. to 9 p.m.

*Please do not email photo files (jpeg, png, etc); please email documents in PDF format.

Member Information

Member's Name (Last, First, MI) _____

Member's Date of Birth _____

Member's Health Plan Name _____ Member's ID Number _____

Member's Address

Street _____ City _____ State _____ ZIP _____

County _____ Phone _____

Fitness Center Information

Fitness Center Name _____

Fitness Center Address

Street _____ City _____ State _____ ZIP _____

County _____ Phone _____

I am requesting reimbursement for the following month(s): (Please note, if you pay your fitness center dues in advance for multiple months, you only have to submit proof of payment once for that period. Automatic payments will be made until your proof of payment expires or benefit maxes.)

- | | | | |
|-----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> January 2019 | <input type="checkbox"/> February 2019 | <input type="checkbox"/> March 2019 | <input type="checkbox"/> April 2019 |
| <input type="checkbox"/> May 2019 | <input type="checkbox"/> June 2019 | <input type="checkbox"/> July 2019 | <input type="checkbox"/> August 2019 |
| <input type="checkbox"/> September 2019 | <input type="checkbox"/> October 2019 | <input type="checkbox"/> November 2019 | <input type="checkbox"/> December 2019 |

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this reimbursement will be from Federal and State funds, and that any false reimbursements, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.

Member's Signature _____ Date _____

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Excellus BlueCross BlueShield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.797.7925 (TTY/TDD 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.797.7925 (TTY/TDD 711).

M950-598F-EXC 04/18 Reimbursement Form © 2018 American Specialty Health Incorporated (ASH). All rights reserved.

Fitness Center Member Verification Form

Fill in your full name below, and then have your fitness center complete the rest of the form. Submit this form with your Silver&Fit® Reimbursement Request Form and proof of payment to:

Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117 or email to fitness@ashn.com

Please be advised that a copy of your fitness center agreement may be requested.

Last Name _____ First Name _____ M.I. _____
Date of Birth _____ Fitness ID _____

Fitness Center Information

Fitness Center Name _____ Fitness Center Phone Number _____
Fitness Center Address _____
City _____ County _____
State _____ ZIP+4 _____ - _____

Type of Arrangement

- Fitness Center Agreement
 Signed Application
 Other—Please Explain _____

Membership

- Individual membership Family membership—If family membership, list names below

Membership Term

Amount Paid for Membership \$ _____
 Month-to-Month Start Date _____ End Date _____
 Annual Membership Start Date _____ End Date _____
 Other _____ Start Date _____ End Date _____

Fitness Center Attestation:

I, _____ (fitness center representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness center.

Fitness Center representative signature _____

Date _____

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