



# NHP Bike Helmet Reimbursement Form

NHP members are eligible for reimbursement once per calendar year. Requests have to be made by March 31 of the following calendar year. Requests received after this date will not be eligible for reimbursement. NHP will reimburse 50% of the purchase price of one new helmet, per member, per calendar year up to a \$15 reimbursement.

## Reimbursement check list

To obtain reimbursement of your qualifying bike helmet send the following items to NHP:

- This signed and dated Bike Helmet Reimbursement Form (see right).
- Dated, original receipt(s).

Remember to keep copies of your original receipts before sending them and the reimbursement form to NHP. NHP cannot return receipts even if you are denied reimbursement.

Send to:

**Neighborhood Health Plan**  
**Attention: Claims**  
**253 Summer Street**  
**Boston, MA 02210**

## Subscriber Information (The subscriber is the primary NHP health insurance policyholder.)

SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	MIDDLE INITIAL
SUBSCRIBER STREET ADDRESS	SUBSCRIBER CITY	STATE
		ZIP CODE
SUBSCRIBER MEMBER ID# (LOCATED ON THE FRONT OF THE NHP ID CARD)	SUBSCRIBER (MEMBER'S) TELEPHONE NUMBER	

MEMBER NAME	CALENDAR YEAR*	AMOUNT REQUESTED

\*THE 12-MONTH PERIOD BEGINNING JANUARY 1 AND ENDING DECEMBER 31, FOR WHICH REIMBURSEMENT IS BEING REQUESTED.

## Certification/Authorization/Reimbursement (The subscriber must sign and date this request below)

Reimbursement is subject to approval by Neighborhood Health Plan. Payments will be made with subscriber's authorization (required signature). Check will be made payable to the subscriber.

To the best of my knowledge and belief, my statements in the Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members. I certify these expenses have not previously been reimbursed in this or any other calendar year.

NHP SUBSCRIBER'S SIGNATURE	DATE
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