

Neighborhood Health Plan offers you a new incentive to get fit and stay fit.

Fitness program reimbursement

Neighborhood Health Plan (NHP) will provide \$50 toward a health club membership at a qualifying facility for you, and up to \$300 per family (all family members must be NHP members in order to qualify).

To qualify for reimbursement

You or your family member must be a MassHealth or Commonwealth Care member covered by NHP.

Not all NHP plan types offer a fitness program reimbursement benefit. Call the NHP Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761) if you have any questions about your plan's benefits. Customer Care Center hours are Monday through Friday from 8:00 a.m. to 6:00 p.m., and Thursday from 8:00 a.m. to 8:00 p.m. You can also visit the website, www.nhp.org, for more information on the Fitness Program Reimbursement Benefit.

Members must have belonged to a qualified health club for at least four months in a calendar year, and have been a member of NHP during that same period of time in order to qualify for reimbursement.



Medicaid and Commercial

nhp.org

1-800-462-5449
(TTY 1-800-655-1761)



MassHealth and CommCare members:
Get fit and save up to \$300 a year!

Fitness benefit

If you are new to fitness training, be sure to check with your physician before getting started.

Questions?

Call the Neighborhood Health Plan Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761) if you have any questions about obtaining your reimbursement for qualifying fitness programs.



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Reimbursement Check List

To obtain reimbursement of your qualifying fitness program,* send the following items to NHP:

- A signed and dated Fitness Program Reimbursement Form (see right).
- A dated, original receipt from the qualifying club, or copies of your bank or credit card statements if you pay by electronic fund transfer. Receipts and/or bank statements must include the subscriber's name and the charges for each membership.
- A copy of each health club agreement or contract showing the name and address of the health club, the member's name, and the beginning and end dates of the contract.

NHP may require additional information such as a brochure from the health club or facility. NHP will contact you if this additional information is needed.

Remember to keep copies of your original receipts before sending them and the reimbursement form to NHP. NHP cannot return receipts or copies of contracts to you, even if your program is denied reimbursement.

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

** Qualifying fitness programs are those facilities offering cardiovascular and strength-training equipment such as "traditional" health clubs (YMCAs and JCCs are considered qualifying fitness programs).*

Non-eligible facilities include country clubs and social clubs, martial arts studios, spas, gymnastic centers, tennis facilities, aerobic only and/or studios (such as Pilates or Yoga), pool only clubs, sports teams or leagues, and personal training or coaching.

NHP Fitness Reimbursement Form

NHP MassHealth and Commonwealth Care members are eligible for reimbursement up to \$50 per member 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.

Member Information

MEMBER LAST NAME	MEMBER FIRST NAME	MIDDLE INITIAL	
<input type="text"/>			
MEMBER STREET ADDRESS	MEMBER CITY	STATE	ZIP CODE
<input type="text"/>			
MEMBER ID# (LOCATED ON THE FRONT OF THE NHP ID CARD)	MEMBER TELEPHONE NUMBER		
<input type="text"/>			
PLAN TYPE			
<input type="checkbox"/> MassHealth	<input type="checkbox"/> Commonwealth Care		

Health Club Facility Information

NAME/ADDRESS/TYPE OF FACILITY	YEAR*	AMOUNT REQUESTED
<input type="text"/>		

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

Certification/Authorization/Reimbursement

Reimbursement is subject to approval by Neighborhood Health Plan. The member or the member's guardian must sign and date this form below.

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.

MEMBER'S SIGNATURE	DATE
<input type="text"/>	<input type="text"/>