



ZOLL Medical Corporation - 911813

Wellness Program Reimbursement Request- Fitness

Member ID Number:		
Employee Name:		
Relationship (check one):	Subscriber Dependent	
Health Club Membership Co	ode S9970 \$	
All benefit payments will be	sent to the subscriber's address on file.	
Certification and Authoriz	ation (this form must be signed and dated below	w)
loss program membership. I	ormation to UnitedHealthcare about my health clucertify the information provided is complete and ced for reimbursement of these expenses.	_
Subscriber/Member		
Signature	Date	
Submit this completed form	with receipts to: UnitedHealthcare PO Box 740800 Atlanta, GA. 30374	

FOR INTERNAL USE ONLY:

- Members may receive up to \$150 reimbursement per family per calendar year for fitness (gym) membership
- Use place of service HM, procedure code S9970 and diagnosis code Z00.00.
- Use override code 09
- Documentation is required on the BCI Screen to include amount paid and member(s) involved.
- Club to determine date(s) of service, NOT THE DATECLAIMS TRANSMITTAL IS SIGNED/SUBMITTED
 - Provider TAXID # is not available

What Kind of Fitness Programs Qualify?

The fitness reimbursement program is available to employees and their covered dependents who are members of UnitedHealthcare. Qualified health clubs must include both cardiovascular (i.e. treadmills, bikes, elliptical machines) and strength training (i.e. free weights, weight machines) exercise equipment. Examples of qualified health clubs include (but are not limited to): YMCA, YWCA, LA Fitness, Bally's, Life Time Fitness, Boost Fitness, Best Fitness, community Fitness Centers, virtual fitness programs (i.e. Peloton), Crossfit, Yoga, Spin, and Barre. Please note that non-qualified health club memberships are not eligible for reimbursement.

Reimbursement Process – Carefully Review!

- Do not submit this form more than once per calendar year
- Do not submit this form until you have accrued \$150 in expenses or the maximum up to \$150 for this calendar year
- All benefit payments will be sent to the subscriber's address on file
- Reimbursement is limited to a maximum of \$150 per calendar year per family
- This completed form and proof of payment and membership must be submitted by March 31st for the prior calendar year's reimbursement
- Submit this completed form with proof of payment (such as: paid receipts, bank or credit card statements) and proof of membership (Gym/Health Club contract or a letter typed on the Gym/Health Club's letterhead including dates of membership)