

Surest - Fitness and Weight Loss Reimbursement: Member Step-by-Step Job Aid

surest[™]

A UnitedHealthcare Company

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Medical Reimbursement Experience

- Log into your Surest member portal
- On the left menu bar, click **Claims** then **Submit a medical claim**

The screenshot displays the Surest member portal interface. On the left is a purple navigation menu with the 'surest' logo at the top. The menu items are: 'Find care' (with a magnifying glass icon), 'Your plan' (with a shield icon and an upward arrow), 'Claims' (highlighted with a yellow box and an underline), 'ID card', 'Prior authorizations', 'OOP limit', 'Plan resources', and 'Account' (with a person icon and a downward arrow). The main content area is white and features the text 'You are in demo mode' at the top right and a 'Log out' link. The central heading is 'No medical claims available'. Below this is a paragraph: 'Claims info reflects data as of 03/11/26. We usually process claims within 2 weeks of receiving your claim — but sometimes it can take up to 30 days, depending on when Surest receives initial claims from your provider. You can submit a new medical claim, too.' A large blue button with rounded corners is centered, with the text 'Submit medical claim' highlighted in yellow. Below the button is a light gray box containing an icon of a smartphone with chat bubbles, the text 'Questions? We have answers.', and a blue button labeled 'View FAQs'.

Medical Reimbursement Experience

- Ensure you have the supporting documents and click **Continue to submit online**

The screenshot displays the Surest user interface. On the left is a dark purple sidebar with the Surest logo at the top. Below the logo are navigation options: 'Find care' (with a magnifying glass icon), 'Your plan' (with a shield icon and an upward arrow), 'Claims' (highlighted with a dark background and white text), 'ID card', 'Prior authorizations', 'OOP limit', 'Plan resources', and 'Account' (with a person icon and a downward arrow). The main content area is light gray and shows a 'Log out' link in the top right corner. A modal dialog box is centered on the screen with the title 'Before you submit a claim' and a close button (X) in the top right. The dialog contains the following text: 'If your provider didn't bill Surest, you can submit the claim yourself. You'll need:' followed by a bulleted list: '• The itemized bill.', '• Any supporting documents.', and '• A claim form (if mailing)'. Below the list, it says 'Important: You can submit medical claims for any member. You cannot submit prescription claims.' and 'How to submit: You can continue to submit a new claim online or download the claims form to mail it.' At the bottom of the dialog are two buttons: 'Download claims form' with a download icon, and 'Continue to submit online' with an external link icon. The 'Continue to submit online' button is highlighted in yellow.

Medical Reimbursement Experience

- Review the Surest claim form requirements and click the arrow on the bottom of the page to continue



Surest claim form

Two quick questions:

Q: Is the provider you used submitting claim(s) on your behalf?

YES: Great! We look forward to receiving it. (No further action is necessary.)

NO: Use this form to submit your claim(s).

Q: If you answered "No" above, do you have a copy of the provider's bill?

YES: Be sure to include a copy (or copies) with this completed form.

NO: Contact the provider and ask for a copy of the receipt(s) and/or invoice. We'll need this for this claim.

If the provider is in the United States:

1. Make sure the provider invoice includes:

- Patient name

2. Attach your receipt(s) and/or invoice for the service or supply. For dental, combine invoice with dental training certificate as one document for upload.

3. Submit a separate form for each provider invoice.

If the provider is outside the United States:

1. Complete the form below.

2. Attach the itemized claim (in English) with the currency exchange rate for the date the services or supplies were received.

3. Attach medical records related to the claim.

4. Attach proof of payment to the provider for the services rendered.

Questions? Member Services is available online via chat and email or by calling the number on the back of your Surest member ID card.

Thanks for choosing the Surest plan.



Medical Reimbursement Experience

- Enter the requested information from your ID card and click the arrow to continue

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Subscriber's member ID number

Please use your member number, as displayed on your ID card

Subscriber name

Please use your legal name

First name

Middle initial

Last name

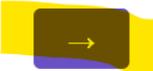
Subscriber date of birth

Patient relationship to the subscriber

Self

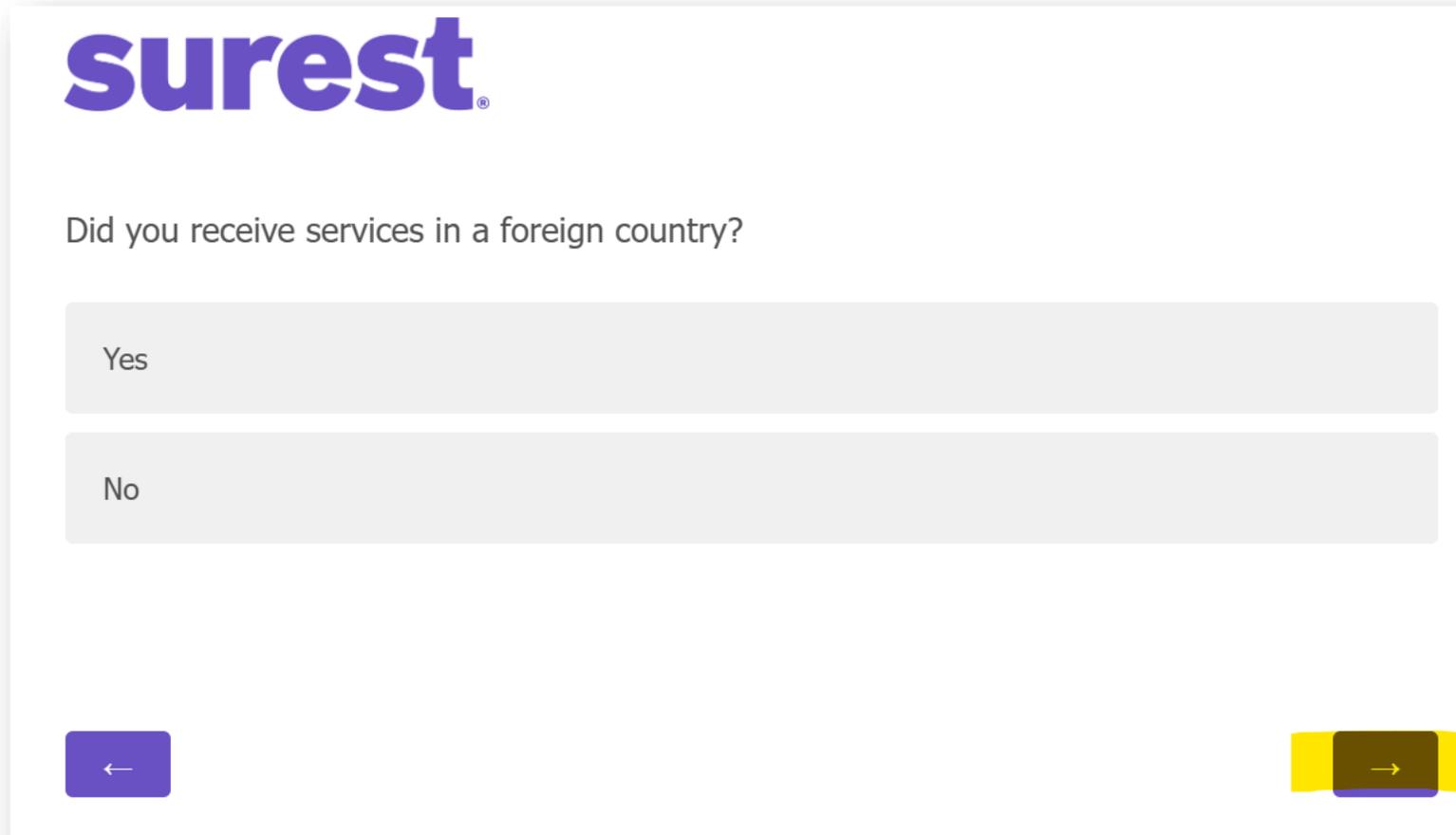
Spouse or Domestic Partner

Dependent

Medical Reimbursement Experience

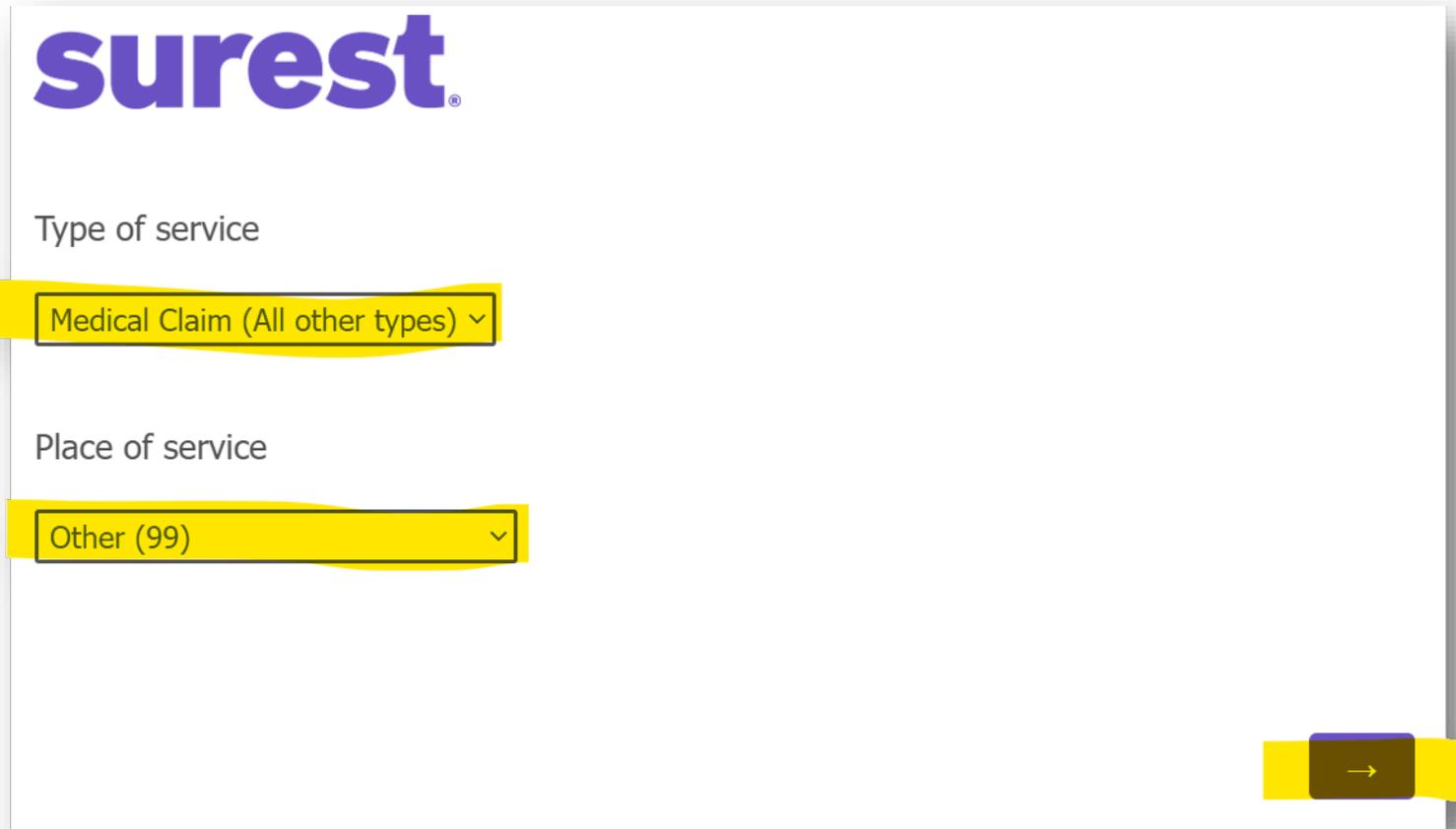
- Continue answering questions and click the arrow to continue



The screenshot displays the Surest mobile application interface. At the top left is the 'surest' logo in purple. Below the logo is the question 'Did you receive services in a foreign country?'. There are two large, light gray rectangular buttons for 'Yes' and 'No'. At the bottom left is a purple square button with a white left-pointing arrow. At the bottom right is a yellow square button with a white right-pointing arrow.

Medical Reimbursement Experience

- Input “Type of service” as **Medical Claim**
- Input “Place of service” as **Other (99)**
- Click the arrow to continue



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Type of service

Medical Claim (All other types) ▾

Place of service

Other (99) ▾

→

Medical Reimbursement Experience

- Input your gym information in the provider details (input 000000000 for NPI and Tax ID) and click the arrow to continue

| | |
|--------------------------------------------------------------------------|-----------------------------------------|
| Provider Name | <input type="text" value="GYM Name"/> |
| Provider NPI | <input type="text" value="000000000"/> |
| Facility/Clinic Name (if available and different from the Provider Name) | <input type="text" value="Gym Name"/> |
| Federal Tax ID number (TIN) | <input type="text" value="000000000"/> |
| Street Address | <input type="text" value="123 Street"/> |
| City | <input type="text" value="city"/> |
| State | <input type="text" value="MA"/> |
| Zip | <input type="text" value="00000"/> |



Medical Reimbursement Experience - Fitness

- Input the Fitness claim information with today's date and the codes highlighted below
- Maximum reimbursement of \$150 per family per calendar year

| Date of service (MM/DD/YYYY) | Procedure, service or supplies code Example: (E0601 / 97161) | Diagnosis code Only enter the primary diagnosis code, example: (Z00.00) | Charges \$ |
|-----------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|
| <input type="text" value="01/01/2026"/> | <input type="text" value="99075"/> | <input type="text" value="Z00.00"/> | <input type="text" value="150"/> |

Do you have another service to add?

Yes

No

Medical Reimbursement Experience – Weight Loss

- Input the Weight Loss claim information with today's date and the codes highlighted below
- Maximum reimbursement of \$150 per family per calendar year

| Date of service (MM/DD/YYYY) | Procedure, service or supplies code Example: (E0601 / 97161) | Diagnosis code Only enter the primary diagnosis code, example: (Z00.00) | Charges \$ |
|---------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|---------------|
| 01/01/2026 | S9449 | Z00.00 | 150 |

Do you have another service to add?

Yes

No

← →

Medical Reimbursement Experience

- Input the amount charged and amount paid for the fitness/weight loss charge

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Total Charge (\$) 150

Amount Paid (\$) 150

← →

Medical Reimbursement Experience

- Upload the fitness/weight loss invoice

- Charges for each service (or total charges if bundled)
- Billing and/or rendering provider: first and last name and NPI, address information, provider's TIN, and the date

Drop files or click here to upload



Medical Reimbursement Experience

- The next page will show a summary of the request and confirm submission.
- Please allow up to 30 days for processing
- If you have questions on, please call the number on your ID card