



Fitness/Weight loss Reimbursement Member Experience

United
Healthcare

Fitness/Weight Loss Reimbursement Experience

- Navigate to the 'Claims & Accounts' Tab from the Home Page and select 'Submit a claim'

The screenshot displays the United Healthcare website interface. At the top left is the United Healthcare logo. To its right are a 'Notifications' bell icon and a search bar containing the text 'What are you looking for?'. Further right is a 'My Account' button with a dropdown arrow. Below this is a dark blue navigation bar with five tabs: 'Home', 'Find Care' (with a dropdown arrow), 'Claims & Accounts' (with an upward arrow and highlighted in a lighter blue), 'Benefits & Costs' (with a dropdown arrow), and 'Pharmacies & Prescriptions' (with a dropdown arrow). Below the navigation bar, the breadcrumb 'Claims > Claim forms' is visible. The main heading is 'Submit a claim', followed by the text 'You can complete an online claim form to request reimbursement. You'. A dropdown menu is open under the 'Claims & Accounts' tab, listing: 'Claims', 'My claims', 'Prior authorization', 'Vision' (with an external link icon), and 'Submit a claim' (highlighted in yellow). To the right of this menu are two columns of links: 'Spending accounts' (with 'My spending overview' and 'Deductible and out of pocket') and 'Documents & Form' (with 'Tax forms' and 'Release of information'). Below the main heading is a section titled 'Start new claim' with a sub-heading 'Step 1: What type of claim do you want to submit?' and the instruction 'Choose one (required)'. A vertical list of numbers 1 through 5 is on the left side of this section.



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- Members will select the 'Start a claim' under the Medical benefit category

Start new claim

Step 1: What type of claim do you want to submit?

Choose one (required)



Service

Medical and mental health treatments and therapies



Purchase

Qualified out-of-pocket expenses for goods or memberships



COVID-19

For over-the-counter at-home test kits (Not tests given by provider)



Foreign services

For services received on a cruise or in a foreign country



Travel and lodging

For eligible travel and lodging expenses




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- Members will select the 'Gym/Fitness' category

Step 2: Choose a category for your claim
Choose one (required)

Breast Pump or Nursing Bra <input type="radio"/>	Durable Medical Equipment <input type="radio"/>	Gym / Fitness <input checked="" type="radio"/>
Hearing Aid <input type="radio"/>	Infant Formula / Medical Food <input type="radio"/>	Natural Cycles <input type="radio"/>
Wig <input type="radio"/>		

Begin request >



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Step 1: Required documents

Documentation requirements:

To ensure quick and thorough review of your claim, provide documents that show retailer, dates, and amounts paid.

✓ Proof of payment

Such as a credit card authorization or receipt. Information that is required:

- Item purchased
- Retailer purchased from
- Amount charged
- Amount paid
- Date of purchase

Upload files

Add up to 10 files

Accepted file types: PNG, PDF, JPEG, JPG, TIF, TIFF, HEIF



Drag your file(s) here
or

[Open File Browser](#)

Max. file size: 25MB | Max. files: 10

- In order to get started the following is needed:
 - Receipt
 - Proof of payment
 - Completed ZOLL Fitness/Weight loss reimbursement form
- Important things to know:
 - You'll submit a separate form for each claim
 - Confirm your plan benefits before submitting
 - Reimbursement requests typically take 10-15 business days to process
 - Completing this form does not guarantee reimbursement
- Click **Next Step**



Fitness/Weight Loss Reimbursement Experience- Email Verification

Step 2: Patient information

Confirm or verify your email

Please confirm the email address that we have on file for you. Claim updates will be sent to this email.

Note: If you change/update your email, a code will be sent to the updated email for verification. Changes made here apply only to this claim. It will not change the email listed on your account profile.

Email address

Email address is required

- Verifying contact information is the first step of the experience.
- The submitter must follow the instructions on the page. A PIN will be sent to the email address provided on the experience.
- An email will be generated to the email address entered. Enter verification code from the email into the **Enter Code** field.
- Select **Validate code**.
 - Note: This is a one-time verification code.

Is UnitedHealthcare your primary insurance provider?

Select an option



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Step 3: Purchase information

Gym / Fitness purchase type

Gym membership

Gym membership

Purchase date

mm/dd/yyyy

Total amount paid

- Select **Gym membership** under they type
- Enter the membership purchase date and amount paid
- Click **Next Step**



Fitness/Weight Loss Reimbursement Experience – Complete Submission

1. Upload Completed

2. Patient info Completed

3. Purchase info Completed

4. Review Current step

Step 4: Review your submission details

Claim information

- Review the information you have entered
- When ready, complete the electronic agreement and click **Submit Claim**

Electronic Agreement

By checking this box and submitting, I agree to use electronic records and signatures; and acknowledge that I have read, understand, and agree to the Electronic record and signature disclosure. (required)

Date: 03/26/2026

Submit claim Save draft

