New Hanover Health Advantage

Fitness Center Reimbursement Request Form

Fees will be reimbursed only for commercial, public fitness facilities that have a full complement of supervised fitness activities and equipment. Fees for recreational activities such as golf, bowling, softball, etc., are not reimbursable. Members must request reimbursement on a quarterly basis. Reimbursement is limited to:

- $75 per quarter for New Hanover Health Advantage Select (HMO-POS) members.
- $75 per quarter for New Hanover Health Advantage Platinum (HMO-POS) members.
- $75 per quarter for New Hanover Health Advantage Freedom (HMO-POS) members.

NO REIMBURSEMENTS WILL BE PAID IN ADVANCE. A form must be submitted for each quarter, no later than December 31, to receive reimbursement for that year. Please allow 30 days for processing.

Member Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ ZIP _____

ID # _____ ( ) Phone Number _____

Facility Name _____ Facility Address _____

/ / to / / Fitness Center Reimbursement Dates (from-to) _____ Amount Requested _____

Include the following with your request:	
Initial Request	Copy of fitness center contract showing the beginning date of membership and the name of the member.
All Requests	Dated original receipts or copies of bank/credit statements showing the charge for membership or classes.

Keep copies of all documentation for your records. Original receipts will not be returned.

Acknowledgement and Certification:

I acknowledge that reimbursement is subject to approval. The information in this form is complete and accurate. I am claiming reimbursement only for eligible fees and have not been previously reimbursed for these fees.

Member Signature _____ Date _____

Send completed form and supporting documents to:

FirstCarolinaCare
ATTN: Claims Processing Center
3310 Fields South Dr.
Champaign, IL 61822