

## Silver&Fit® Out-of-Network Reimbursement Form

Please complete the reimbursement form, located on the back, and attach a copy of your completed Fitness Facility Member Verification Form and a copy of your proof of payment, showing your name, fitness facility name, amount paid, and dates covered. Without these forms and proof of payment we will be unable to consider your reimbursement request.

Please note that reimbursement requests for fitness facilities outside of the US will not be considered. To be eligible for reimbursement, the fitness facility must offer use of cardiovascular exercise equipment (e.g., treadmills, exercise bicycles, "stair masters"; etc.), strength or resistance training equipment (e.g., weight/resistance machines, free weights, etc.), and/or instructor-led classes (such as aerobic dance, Pilates, "step" classes, yoga, etc.). Approved facilities must have staff oversight, be open to the public, and must offer a membership agreement (or equivalent thereof). Rehabilitation or physical therapy services, social clubs, sports teams, and leagues are excluded.

**It is your responsibility to continuously verify if the out-of-network fitness facility you are using joins the Silver&Fit network. You can check status on the Silver&Fit website or directly with the fitness facility.** You will not be reimbursed for dates in which the fitness facility is participating in the Silver&Fit network. Please contact Silver&Fit for more information on what you need to do if your out-of-network fitness facility joins the Silver&Fit network.

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Please mail your completed reimbursement forms no later than March 31, 2017:

**Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117**

If you have any questions, please call Silver&Fit at **1-877-427-4788 (TTY/TDD 1-877-710-2746)**,  
Monday through Friday, 8 a.m. to 9 p.m.

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**Member Information**

Member's Name (Last, First, MI) \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Member's Sex  Male  Female

Member's Health Plan Name \_\_\_\_\_ Member's ID Number \_\_\_\_\_

Member's Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

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**Fitness Facility Information**

Fitness Facility Name \_\_\_\_\_

Fitness Facility Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

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I am requesting reimbursement for the following month(s): (Please note, if you pay your fitness facility dues in advance for multiple months, you only have to submit proof of payment once for that period. Automatic payments will be made until your proof of payment expires or benefit maxes.)

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|---|--|--|--|
| <input type="checkbox"/> January 2016   | <input type="checkbox"/> February 2016 | <input type="checkbox"/> March 2016    | <input type="checkbox"/> April 2016    |
| <input type="checkbox"/> May 2016       | <input type="checkbox"/> June 2016     | <input type="checkbox"/> July 2016     | <input type="checkbox"/> August 2016   |
| <input type="checkbox"/> September 2016 | <input type="checkbox"/> October 2016  | <input type="checkbox"/> November 2016 | <input type="checkbox"/> December 2016 |

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this reimbursement will be from Federal and State funds, and that any false reimbursements, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Fitness Facility Member Verification Form

Fill in your full name below, and then have your fitness facility complete the rest of the form. Submit this form with your Silver&Fit® Reimbursement Request Form and proof of payment to:

**Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117**

Please be advised that a copy of your fitness facility agreement may be requested.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Fitness ID \_\_\_\_\_

### ***Fitness Facility Information***

Facility Name \_\_\_\_\_

Facility Address (Number, Street, Suite) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP+4 \_\_\_\_\_ - \_\_\_\_\_

### ***Type of Arrangement***

Fitness Facility Agreement

Signed Application

Other - Please Explain \_\_\_\_\_

### Membership

Individual membership       Family membership - If family membership, list names below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Membership Term***

Amount Paid for Membership      \$ \_\_\_\_\_

Month-to-Month      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

Annual Membership      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

Other \_\_\_\_\_      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

### ***Fitness Facility Attestation:***

I, \_\_\_\_\_ (fitness facility representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness facility.

Fitness facility representative signature \_\_\_\_\_

Date \_\_\_\_\_