

## State of New Hampshire



### ***Home Exercise Equipment Reimbursement Program***

It's about living right, a little exercise, good eating habits and a positive outlook. It's a 24/7 job and you need the right tools to help get the job done. But where can you find the right tools?

#### **Just For State of New Hampshire HMO Members**

State of New Hampshire HMO members are eligible to receive reimbursement for:

Up to \$450 per subscriber per calendar year (January 1 – December 31) for membership dues at participating fitness clubs when you workout a minimum of eight times per month. (Note: this form is for Home Exercise Equipment Reimbursement only. Please visit your Website to obtain information on participating fitness clubs).

#### ***OR***

Up to \$200 per subscriber per calendar year (January 1 – December 31) for the purchase of one piece of home exercise equipment that provides a cardiovascular/muscular total-body workout.

### ***Home Exercise Equipment Reimbursement***

State of New Hampshire HMO members are eligible to receive reimbursement for up to \$200 per subscriber contract per calendar year (January 1 – December 31) for the purchase of one piece of home exercise equipment that provides a cardiovascular/muscular total-body workout. Equipment must be new and purchased at a retail store. The following pieces of equipment are eligible for reimbursement:

- Treadmills
- Stationary Cycles
- Bike Stands (*to convert road bike to stationary cycle*)
- Stair Climbing Machines
- Elliptical Machines
- Rowing Machines
- Cross-country Ski Machines
- Air Walkers
- Home Gyms
- Total Body Weight Resistance Machines

(The following pieces of exercise equipment are not eligible for reimbursement: muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines; exercise videos or mats; outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades; exercise clothing or shoes and any used equipment. Please call Anthem Blue Cross and Blue Shield Customer Service at (800) 933-8415 to confirm coverage for a specific piece of equipment.)

#### **Please note:**

Members may choose only one of these options per calendar year. These options cannot be combined.

Please expect 6 to 8 weeks for reimbursement. Be sure to keep copies of your reimbursement form and receipt for your files.

Please remember to consult your physician before starting any exercise or weight loss program.

# State of New Hampshire Home Exercise Equipment Reimbursement Form



Please read and follow the instructions located on this form. You are required to complete all unshaded areas of the form by printing clearly with a non-erasable ink pen. This form will be returned if: 1) The form is not completed with the required information, and 2) A photocopy of the original receipt is not attached to this form. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved. Please expect 6-8 weeks to process your request for reimbursement.

|  |  |                                       |  |   |  |  |  |
|--|--|---------------------------------------|--|---|--|--|--|
| 1. Member's name:<br>(last) (first) (m.i.)   |  | 2. Member's date of birth:<br>Mo. Yr. |  | 3. Member's Identification Number as shown on your ID card:<br><br>(Anthem BCBS Members include your 3-letter prefix) |  | 4. Member's sex:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |  |
| 5. Group (Employer) Name: _____  |  |                                       |  |   |  | Division Number: _____   |  |
| 6. Subscriber's name (if other than member): _____   |  |                                       |  |   |  | (last) (first) (m.i.)  |  |
| 7. Subscriber's address:<br>Street _____<br>City _____ State _____ Zip _____<br><input type="checkbox"/> Check box if new address <input type="checkbox"/> Telephone: _____  |  |                                       |  | 9. Participating Vendor Identification Number:<br><br><b>82-9999999-NH-02</b>   |  |  |  |
| 8. Store where equipment was purchased:<br>Name _____<br>City _____ State _____  |  |                                       |  | 10. Name of equipment:<br><br>  |  |  |  |
| <b>DO NOT WRITE IN SHADED AREAS</b>  |  |                                       |  |   |  |  |  |
| 11. Date of purchase:  |  | 12. Place of service:<br><b>OL</b>    |  | 13. Diagnosis Code:<br><b>799.89</b>  |  | 14. Cost of equipment:<br>\$ .   |  |
|  |  |                                       |  | 15. Date form completed:  |  | 16. Procedure Code:<br><b>A9300</b>  |  |
| 17. I authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for reimbursement. I agree to the information written above, and verify that the member met the requirements of the program.<br><br>X _____ (member signature) |  |                                       |  |   |  |  |  |

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this fitness reimbursement program.

### **Reimbursement Instructions**

The State of New Hampshire Home Exercise Equipment Reimbursement Form is to be completed by the member purchasing the home exercise equipment. Attach a photocopy of the original receipt to this form.

#### **Please follow the instructions below when completing this form.**

1. Fill in all unshaded sections.
2. Sign and date the form when completed and retain a copy for your records (form will not be returned).
3. Send the completed State of New Hampshire Home Exercise Equipment Reimbursement Form, and photocopy of the original receipt to:

Claims Department  
Anthem Blue Cross and Blue Shield  
PO Box 533  
North Haven, CT 06473-0533

4. If you have any questions about this program, please call the Customer Service number listed on the back of your ID card.

#### **Member reimbursement will be denied if:**

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member when home exercise equipment was purchased;
2. The member did not complete the requirements of the program.

#### **This form will be returned if:**

1. The form is not completed with the required information and;
2. A photocopy of the original receipt is not attached to this form.