

Fitness Benefit Coverage Form & Instructions

How can I get more information about my fitness benefit?

Get details about your fitness benefit and check your eligibility in your plan's Schedule of Benefits. You can access your plan information at any time on our member portal at allwaysmember.org

How do I request reimbursement for my fitness benefit?

There are two ways to submit your request form:

SUBMIT ON OUR MEMBER PORTAL

The most convenient way to request you reimbursement is on allwaysmember.org.

- Complete your form online
- Get confirmation of your submission right away
- Track the progress of your request

Please allow 30 days for processing

SUBMIT BY MAIL

Fill out the form on the back of this flyer, and mail it to:

AllWays Health Partners
Attention: Claims/Fitness
399 Revolution Drive
Suite 940
Somerville MA 02145

You will not get confirmation of your request.
Please allow 60 days for processing.

You can also fax your request form to **617-526-1902**.

Please note:

This is for AllWays Health Partners members enrolled in a plan with a fitness benefit. You must be enrolled in a qualified gym/health club and covered by AllWays Health Partners at the same time for at least four months in the calendar year to be eligible for your fitness benefit.

The deadline to request your fitness benefit for each calendar year is March 31 of the following year. You can only submit one request per calendar year.

Qualifying health clubs and studios are those that offer cardiovascular, strength-training equipment, aerobic, Pilates, Yoga, Zumba, or Jazzercise fitness programs.

Visit allwayshealthpartners.org for a list of non-eligible facilities and a more comprehensive list of qualifying health clubs.

AllWays Health Partners reserves the right to randomly audit requests for eligibility. If you are chosen for audit, we will contact you and request additional documentation. The audit will take an additional 14 days to process upon receipt of complete documentation.

AllWays Health Partners Fitness Benefit Coverage Request Form

Subscriber Information (The subscriber is the primary health insurance policyholder.)

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY	STATE ZIP
TELEPHONE NUMBER	MEMBER ID# (located on the front of the AllWays Health Partners member ID card)	

Health Club Facility Information

NAME OF FACILITY		
ADDRESS OF FACILITY	CITY	STATE ZIP

Payment Information

What kind of gym/health club membership do you have? Family Individual

Calendar year reimbursement being requested: _____

Check off months of membership in a qualified gym or health club

January February March April May June July August September October November December

If you pay your gym/health club membership monthly

Monthly gym or health club fee: _____

If you pay your gym/health club membership annually

Annual gym or health club fee: _____

Please note: If you pay annually, AllWays Health Partners will divide your annual fee by 12 to determine your monthly membership fee.

Certification/Authorization

The subscriber must sign and date below. The fitness benefit is subject to approval by AllWays Health Partners, and we reserve the right to request additional information. Please note: check will be made payable to the subscriber.

Reimbursement requested for: SUBSCRIBER COVERED DEPENDENT

Please print the full name of the covered dependent who is requesting the fitness benefit (if other than the subscriber).

To the best of my knowledge and belief, my statements in the AllWays Health Partners Fitness Benefit Coverage Request Form are complete and true. I am claiming the coverage amount as indicated in my Schedule of Benefits.

ALLWAYS HEALTH PARTNERS SUBSCRIBER'S SIGNATURE DATE