



**ZOLL Medical Corporation - 911813**  
Wellness Program Reimbursement  
Request- Fitness

Member ID Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Member Name: \_\_\_\_\_

Relationship (check one):    Subscriber \_\_\_\_\_  
  Dependent \_\_\_\_\_

Health Club Membership Code S9970 \$ \_\_\_\_\_

All benefit payments will be sent to the subscriber's address on file.

**Certification and Authorization (this form must be signed and dated below)**

I authorize the release of information to UnitedHealthcare about my health club and/or weight loss program membership. I certify the information provided is complete and correct and that I have not previously submitted for reimbursement of these expenses.

Subscriber/Member  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this completed form with receipts to: **UnitedHealthCare**  
**PO Box 740827**  
**Atlanta, GA 30374**

**FOR INTERNAL USE ONLY:**

- Members may receive up to \$150 reimbursement per family per calendar year for fitness (gym) membership
- Use place of service 12, service code SPV, procedure code S9970 and diagnosis code V00.00.
- Use override code 09
- Documentation is required on the BCI Screen to include amount paid and member(s) involved.
- Club to determine date(s) of service, NOT THE DATE CLAIMS TRANSMITTAL IS SIGNED/SUBMITTED
  - Provider TAXID # is not available

### **What Kind of Fitness Programs Qualify?**

The fitness reimbursement program is available to employees and their covered dependents who are members of UnitedHealthcare. Qualified health clubs must include both cardiovascular (i.e. treadmills, bikes, elliptical machines) and strength training (i.e. free weights, weight machines) exercise equipment. Examples of qualified health clubs include (but are not limited to): YMCA, YWCA, LA Fitness, Bally's, Life Time Fitness, Boost Fitness, Best Fitness, community Fitness Centers, and virtual fitness programs (i.e. Peloton). Please note that non-qualified health club memberships are not eligible for reimbursement.

### **Reimbursement Process – Carefully Review!**

- Do not submit this form more than once per calendar year
- Do not submit this form until you have accrued \$150 in expenses or the maximum up to \$150 for this calendar year
- All benefit payments will be sent to the subscriber's address on file
- Reimbursement is limited to a maximum of \$150 per calendar year per family
- This completed form and proof of payment and membership must be submitted by March 31st for the prior calendar year's reimbursement
- Submit this completed form with proof of payment (such as: paid receipts, bank or credit card statements) and proof of membership (Gym/Health Club contract or a letter typed on the Gym/Health Club's letterhead including dates of membership)