Silver&Fit® Out-of-Network Reimbursement Form

Please complete the reimbursement form, located on the next page, and attach a copy of your completed Fitness Center Member Verification Form and a copy of your proof of payment, showing your name, fitness center 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 centers outside of the 50 U.S. states and District of Columbia will not be considered. To be eligible for reimbursement, the fitness center must offer use of cardiovascular exercise equipment (e.g., treadmills, exercise bicycles, stair climbers, 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 fitness centers must have staff oversight, be open to the public, and must offer a membership agreement (or equivalent thereof). Rehabilitation or physical therapy services, personal training sessions, social clubs, sports teams, and leagues are excluded.

It is your responsibility to continuously verify if the out-of-network fitness center you are using joins the Silver&Fit network. You can check status on the Silver&Fit website or directly with the fitness center. You will not be reimbursed for dates in which the fitness center 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 center joins the Silver&Fit network.

Please email* or mail your completed forms no later than 90 days after the end of the calendar year. Be sure to include:

- Reimbursement Form
- Fitness Center Member Verification Form
- Proof of Payment

Silver&Fit, P.O. Box 509117, San Diego, CA 92150-9117
Email: fitness@ashn.com

If you have any questions, please call Silver&Fit at 1.888.797.7925 (TTY/TDD: 711), Monday through Friday, 8 a.m. to 9 p.m.

*Please do not email photo files (jpeg, png, etc); please email documents in PDF format.

Member Information

Member’s Name (Last, First, MI) _______________________________________________________________

Member’s Date of Birth _____________________________

Member’s Health Plan Name _________________________ Member’s ID Number _____________________

Member’s Address

Street ____________________________ City ________________________ State _______ ZIP ____________

County__________________________________ Phone________________________________

M950-598F-EXC 04/18 Reimbursement Form © 2018 American Specialty Health Incorporated (ASH).
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Fitness Center Information

Fitness Center Name ________________________________________________

Fitness Center Address
Street ____________________________ City ________________________ State _______ ZIP ____________
County__________________________________  Phone________________________________

I am requesting reimbursement for the following month(s): (Please note, if you pay your fitness center 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.)

☐ January 2019 ☐ February 2019 ☐ March 2019 ☐ April 2019
☐ May 2019 ☐ June 2019 ☐ July 2019 ☐ August 2019
☐ September 2019 ☐ October 2019 ☐ November 2019 ☐ December 2019

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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Excellus BlueCross BlueShield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.797.7925 (TTY/TDD 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.797.7925 (TTY/TDD 711).

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Fitness Center Member Verification Form

Fill in your full name below, and then have your fitness center 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 or email to fitness@ashn.com

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

Last Name _______________________________ First Name __________________________ M.I. _________
Date of Birth _____________________________ Fitness ID ________________________________

Fitness Center Information
Fitness Center Name _____________________________     Fitness Center Phone Number________
Fitness Center Address ______________________________________________________________________
City _______________________________________________ County _______________________________
State ______________________________________________ ZIP+4 ___________________ - ___________

Type of Arrangement
☐ Fitness Center 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 Center Attestation:
I, ____________________________________________ (fitness center 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 center.

Fitness Center representative signature _____________________________________________________
Date ____________________________

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