



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 the Silver&Fit program 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 the Silver&Fit program 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 _____

Fitness Center Information

Fitness Center Name _____

Fitness Center Address

Street _____ City _____ State _____ ZIP _____

County _____ Phone _____

(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.) I am requesting reimbursement for the following month(s):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> January 2024 | <input type="checkbox"/> February 2024 | <input type="checkbox"/> March 2024 | <input type="checkbox"/> April 2024 |
| <input type="checkbox"/> May 2024 | <input type="checkbox"/> June 2024 | <input type="checkbox"/> July 2024 | <input type="checkbox"/> August 2024 |
| <input type="checkbox"/> September 2024 | <input type="checkbox"/> October 2024 | <input type="checkbox"/> November 2024 | <input type="checkbox"/> December 2024 |

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 _____



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 \$ _____

- Monthly Membership Start Date _____ End Date _____
- Annual Membership Start Date _____ End Date _____
- Semi-Annual Membership Start Date _____ End Date _____
- Multiple Month Membership Start Date _____ End Date _____
- # of Classes Attended _____ 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, the member has accepted liability and risk for use of the fitness center.

Fitness Center Representative Signature _____ Date _____