



# Alternative Health Benefits Reimbursement Form for Skidmore College Employees

- Please use this form to request reimbursement of Alternative Health Benefits. Reimbursement forms must be received no later than one year after the service or activity was paid for. Members can receive up to \$300 per contract, per calendar year.
- **Please Print.** For more information on completing this form and for a list of services that qualify for reimbursement, see reverse.

MVP Subscriber ID #											
Group ID #	0	0	4	9	0	0	2	7			

## Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

## Reimbursement Request

Name, address, and phone number of Service Provider	Description of Service	Date of Service	Amount Paid	Date of Payment

Total number of receipts attached: \_\_\_\_\_ Total paid: \$ \_\_\_\_\_

## Certification and Authorization

I authorize the release of information about my Wellness Program utilization to my health plan. I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for or been reimbursed for these same services.

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Note:** Please remember to attach your itemized bills and sign this claim form.

**Return to:** MVP Health Care®, ASO Claims, Skidmore College, 625 State Street, P.O. Box 1434, Schenectady, NY 12301

**Email:** psmith@mvphealthcare.com

## How To Submit Your Reimbursement Request

1. This form may be used for Alternative Health Benefits reimbursement request, only. The maximum credit is provided to each subscriber (household). For example, a family of four would be eligible for one reimbursement per Plan per calendar year.
2. Reimbursement applies to the calendar year in which the service is provided. For example, if a service was paid for in December, but it was provided in January of the current calendar year, it will apply to the current calendar year's reimbursement.
3. All reimbursement forms must be received no later than one year after the date you paid for the service.
4. You must pay for the service before submitting a request for reimbursement. For each reimbursement you are requesting, you must attach:
  - A copy of an itemized bill, statement, debit/credit card statement, or receipt that is pre-printed, stamped or on company letterhead and includes the service provider's name and address. (Balance forward/prior balance statements are not acceptable).
  - The documentation from the service provider must include the following information:
    - » The name of the provider
    - » The type of service provided;
    - » The date the service was rendered (start date);
    - » Your out-of-pocket cost for the service, including date(s) of all payment(s); and
    - » The name of the person(s) receiving the service
5. Please allow 4-6 weeks for reimbursement. Reimbursement requests that are not submitted according to the above mentioned guidelines will be returned for you to correct and re-submit. Reimbursement may be refused if the service provider does not meet MVP's benefit and quality standards.
6. **Sign** this form and return with required documentation to:

MVP Health Care®, ASO Claims, Skidmore College, 625 State Street, P.O. Box 1434, Schenectady, NY 12301
7. If you have questions about completing this form or your plan's specific wellness benefit, contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

### Examples of Services that Qualify for Reimbursement

- Acupuncture
- Child Birth Classes
- Fitness Center Membership
- Fitness Classes
- Fitness Training Sessions with a Training Coach
- Homeopathic
- Hypnotherapy (Weight Control & Smoking Cessation)
- Massage Therapy
- Nutritional Counseling
- Registration Fees for Walking & Running Events
- Weight Control Programs
- Yoga Classes

### What Does Not Qualify for Reimbursement

- Merchandise (e.g. attire, fitness equipment, fitness videos and publications, golf clubs, bicycles), equipment rentals (skis, bowling shoes), or fees/expenses associated with motorized sports (e.g. snowmobiling)
- Food & dietary supplements
- Physical activities at country clubs (such as golf, swimming or skiing) that are not billed or itemized separately from membership fees and/or dues; or strictly social memberships at country clubs

If you have a question about what qualifies for reimbursement or your plan's specific wellness benefit, contact the MVP Customer Care Center at the phone number shown on the back of your MVP Member ID card.