



myhealthpays

Proof of Gym Visits Form

One form must be submitted per person per reimbursement request.
“Gym” refers to a gymnasium, fitness center or exercise facility, as applicable.

Member Name	
Member ID number	
Name of gym (if more than one facility is used, enter the primary one)	
Address of gym	
Gym representative name	Gym representative phone number
Gym representative e-mail address	Total cost of membership per 6-month period

Gym Documentation

	Gym representative signature	Date of visit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Program requirements:

- Earn \$20 for every month you have been active at a gym 8 at least times.
- Must submit all required materials for gym reimbursement within the required timeframes.

Terms & Conditions:

I agree that all information entered above is truthful and accurate and may be subject to verification at any time. I understand that I am eligible to be reimbursed twenty dollars (\$20) for every month that I am active at a gym at least (8) times, and that such reimbursement is subject to all restrictions listed in my Ambetter welcome packet. A gym reimbursement request must be submitted during my Ambetter coverage and within thirty (30) days of the end of the relevant month in order to be considered for reimbursement. I understand that I must be an active Ambetter member to receive gym reimbursement.

Member Signature	Date
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