

**Member Information**

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Street Address \_\_\_\_\_  
(for reimbursement)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Covered Annual Fitness Membership and Fitness Class Information**

Facility Name \_\_\_\_\_ Facility Phone \_\_\_\_\_

Facility Address \_\_\_\_\_

Cost of Membership/Class \_\_\_\_\_ Amount Paid \_\_\_\_\_

Membership/Class Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Please attach your fitness membership receipt with this form and mail, fax, or email to:**

Mail	Fax	Email
Optima Health 4456 Corporation Lane, Suite 336 Virginia Beach, VA 23462 <b>Attn: Medicare</b>	757-252-8039	<a href="mailto:medicare@sentara.com">medicare@sentara.com</a>

**Important Information:** The reimbursement program covers up to \$400 (four hundred dollars) annually for FITNESS MEMBERSHIP AND FITNESS CLASS COST ONLY (not weight loss programs, meals, equipment, etc.). Optima Medicare reserves the right to verify membership and payment of services in the fitness facility before reimbursement of benefit. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Please retain a copy of the completed form and receipt for your records.**

**Optima Medicare is a HMO plan with a Medicare contract. Enrollment in Optima Medicare depends on contract renewal. Optima Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**