



HealthDollarssm / TriVantage HMO Reimbursement Form

- Please use this form to request reimbursement of your for TriVantage HMO Lifestyle Credits or for reimbursement for your \$50 HealthDollars Credit.
- HealthDollars are available to subscribers of MVP Health Care employer self-funded plans and Commercial plan members (Basix, *CareFund*, Community, Comprehensive, Opportunity and TriVantage HMO). Members enrolled in an MVP Health Care Personal Plan, a Xerox health plan or Healthy New York are not eligible.
- Reimbursement forms must be received no later than one year after the date you paid for the service.
- Please PRINT. For more information about completing the form, see reverse.

Member Information: (for the specific member using this benefit)

Health Plan ID #:												
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Member's Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Address	City/State/Zip Code	Phone Number	

Reimbursement Request:

Name, address and phone number of service provider	Amount Paid	Date of Payment

Total number of receipts attached:		Total paid:	\$
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Certification and Authorization: (this form must be signed below)

I authorize the release of any information to MVP Health Care about my HealthDollars/TriVantage Lifestyle Credit utilization. I certify that the information provided in support of this submission is complete and accurate. It has not and will not be submitted for reimbursement under any other health plan coverage (such as a Flexible Spending Account).

Subscriber's signature

Date

Any person who knowingly files a reimbursement request containing any misrepresentation or any false, incomplete or misleading information is guilty of a criminal act punishable under law and may be subject to civil penalties.

Return to: MVP Health Care, HealthDollars & TriVantage, P.O. Box 22920, Rochester, New York 14692-2920

For Office Use Only:

Provider #	HHHHHH					Loc/POS	CPT/HCPCS	Diagnosis Code	Charges
Date of Payment									
From		To							
MM	DD	YY	MM	DD	YY				
						99	S9446 Family	V689	
						99	S9970 Active	V689	
						99	S9986 All Other	V689	
						99	99199 Non-Covered	V689	
								Total:	

How to Submit Your HealthDollars or TriVantage Reimbursement Request

Please refer to the following guidelines to ensure that all necessary information is included with your request so that we may process it promptly.

1. This form may be used for the following two types of reimbursement requests ONLY:
 - TriVantage HMO Lifestyle Credits (“Active Lifestyles” or “Family Focus” packages): This \$300 maximum credit is provided to each subscriber (household). For example, a family of four would be eligible for one reimbursement of up to \$300 annually.
 - HealthDollars: This maximum \$50 credit provided to each subscriber (household). For example, a family of four would receive one reimbursement of up to \$50 annually.
2. All reimbursement forms must be received by MVP Health Care no later than one year after the date you paid for the service.
3. HealthDollars and TriVantage Lifestyle Credits apply to the year in which the service is paid. For example, if a service was provided in December, but you paid for it in January of the current plan year, it will apply to the current plan year’s credit. You must have been an MVP Health Care member at the time of payment.
4. Attach the pre-printed, paid original receipt showing the type of service:
 - You must pay for the service before submitting a request for reimbursement.
 - For each item you are requesting, you must attach a copy of an itemized bill, statement, debit/credit card statement, or a receipt pre-printed, stamped or on company letterhead that 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.
 - Please note: reimbursement requests that are not submitted according to these guidelines will be returned for you to correct and re-submit.
5. MVP Health Care reserves the right to refuse reimbursement if the service provider does not meet benefit and quality standards as determined by MVP Health Care.
6. Sign this form and return it to: MVP Health Care
HealthDollars & TriVantage
P.O. Box 22920
Rochester, New York 14692-2920
7. Please allow 4-6 weeks for reimbursement (as long as your request is complete and accurate).
8. Visit www.mvphealthcare.com for more information about HealthDollars or your TriVantage HMO health plan.

TriVantage HMO Lifestyle Credits	
Examples of Activities that Qualify for Reimbursement *	
Active Lifestyles	Adult fitness classes and physical activities (including yoga sessions, kayak lessons, yoga, Tai Chi, Pilates, martial arts), gym memberships, greens fees, ski lift tickets, personal training services
Family Focus	Kids’ fitness classes, physical activities and organized sports (examples include bowling, sports camps and teams, swimming lessons), as well as driver education
What <u>Does Not</u> Qualify for Reimbursement *	
Merchandise (such as attire, fitness equipment, fitness videos and publications, golf clubs, bicycles) and equipment rental (skis, bowling shoes, etc.)	
Entry fees (for races, golf tournaments, etc.)	
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 whether or not an activity qualifies for reimbursement, contact Member Services at the phone number listed on your Member I.D. Card.