

Allina Health | Aetna Medicare fitness reimbursement pays members back for certain equipment and fees that improve fitness and health outcomes.

Before you proceed, respond to the following questions to determine reimbursement eligibility. If any of the questions below are answered, “No” the item is not eligible for reimbursement.

1. Did you review the Evidence of Coverage for the list of covered items/services/fees? Yes/No?
2. Was this item purchased in 2025 for use in 2025? Yes/No?
3. Is this service or item for your personal use only? Yes/No?
4. Do you have an itemized receipt for each item or service? An itemized receipt includes date of purchase, name of retailer, location of purchase, description of item and amount paid. Yes/No?

How to complete this Reimbursement Form

When to use this form

1. Fill out this form if you are asking for reimbursement for covered fitness fees, equipment and fitness trackers. Do not use this form for any other reimbursement benefits.
2. Submit one form for each itemized receipt. Important: Your receipt and documentation must be submitted before the end of each year to be eligible for reimbursement.

How to fill out this form

1. Complete each section. Print clearly in black ink only.
2. Read the statement in Section 3 below. Sign and date the form.
3. If someone other than the member is signing the form, you must have an Appointed Representative form on file with the health plan. You can find an Appointment of Representative form on [AllinaHealthAetnaMedicare.com/forms](https://www.allinahealthaetnamedicare.com/forms).

Where to send the completed form

1. Write your Allina Health | Aetna member ID number on each itemized receipt and at the top of each page of this form. Make copies of all these materials for your records. We will not return your documents.
2. The itemized receipt must clearly state what was purchased, when it was purchased, and how much it cost.
3. If you are looking to be reimbursed for taxes and/or shipping/handling amounts, it must be shown on an itemized receipt and requested on the reimbursement form.
4. Mail this completed form and your original itemized receipts to the following address:
PO Box 981106
El Paso, TX 79998-1106
5. Or you can fax this completed form with your original itemized receipts to [1-866-474-4040](tel:1-866-474-4040).

Things to remember

1. You must provide all the requested information. If you don't, it may take longer for us to pay you back. Or we may not be able to pay you back at all.
2. Approved requests can take up to 45 days to send a check to the address we have on file.

Section 1: Member information (print clearly) – ALL fields required

Allina Health Aetna member ID:	Date of birth:	Phone number (w/area code)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Last name, First name, Middle initial:	Email:	
<input type="text"/>	<input type="text"/>	
Street address:	City:	
<input type="text"/>	<input type="text"/>	
State:	ZIP code:	
<input type="text"/>	<input type="text"/>	

Section 2: Reimbursement request (information must match your itemized receipt)

Select the one reimbursement category below related to your itemized receipt for this submission.

Fitness fees, lessons or classes

The itemized receipt must reflect only the current plan year. If your fitness fee, lesson, or class spans multiple years, please ask for an itemized receipt that covers only the current plan year portion. Payment must be made within the plan year.

Retailer name:	Purchase location:
<input type="text"/>	<input type="text"/>
Date of purchase (mm/dd/yyyy):	Amount paid:
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
<small>*Purchase must be made in 2025</small>	
Fitness fee, lesson, or class start date (mm/dd/yyyy):	Fitness fee, lesson, or class end date (mm/dd/yyyy):
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Exercise and strength training equipment

You must include an itemized receipt. It must show the purchase was made within the plan year and clearly reflect the name of the retailer. Include the retailer's name and description of the item in the box below. Purchases made with resellers, e.g., Facebook Marketplace, eBay or garage/yard sales are not allowed.

Retailer name:	Purchase location:
<input type="text"/>	<input type="text"/>
Date of purchase (mm/dd/yyyy):	Amount paid:
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
<small>*Purchase must be made in 2025</small>	
Description of equipment item:	
<input type="text"/>	

Allina Health | Aetna member ID:

Fitness tracker

Fitness trackers that **only** focus on tracking health metrics like steps, heart rate, and sleep are covered but limited to one per member per plan year. You must send your itemized receipt for the fitness tracker with this form and describe how you're using the tracker for fitness.

Golf trackers and smartwatches are **excluded** (e.g., Apple® and Google watches).

Retailer name:

Is the tracker registered to you:

Yes No

Date of purchase (mm/dd/yyyy):

*Purchase must be made in 2025

 / /

Amount paid:

\$.

Brand and model of fitness tracker:

Describe how you're using the tracker:

Remember to submit an itemized receipt along with the completed reimbursement form.

Section 3: Signature is required

By signing and submitting this form, you are certifying that the information is true and correct and that the services or items for which you requested reimbursement are for your sole use. You are certifying that you understand that any person who knowingly files a claim containing any false or misleading information may be guilty of fraud and is subject to criminal or civil penalties.

Allina Health | Aetna member ID

Member signature or authorized representative signature

Date

Section 4: Acknowledgment

Questions?

We are here to help. Just give us a call at **the number on your ID card 8 AM–8 PM, 7 days a week.**

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. All trademarks are the intellectual property of their respective owners.

Important disclaimers

Any person who knowingly and with intent to injure, defraud or deceive 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 subjects such person to criminal and civil penalties.