

## Allina Health | Aetna Medicare fitness reimbursement pays members back for certain supplies and activities that may 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 reference the Evidence of Coverage, which was updated in April, for exclusions? Yes/No?
2. Was this item purchased in 2024 for use in 2024? 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 retailer, description of item and amount paid. Yes/No?

### How to complete this form

#### When to use this form

1. Fill out this form if you are asking for reimbursement for covered fitness activity fees, supplies, and wearable items. Do not use this form for any other reimbursement benefits.
2. Submit one form for each itemized receipt.

#### 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.allinahealth.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. Mail this completed form and your original itemized receipts to the address on your Allina Health | Aetna member ID card.
4. 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 info. 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)

Last name, first name, middle initial

Email:

Street address:

City:

State:

ZIP code:

**Section 2: Reimbursement request (information must match your itemized receipt)****Select the one reimbursement category below related to your itemized receipt for this submission.** **Membership, activity or fitness fees**

The itemized receipt must reflect only the current plan year. If your fitness activity or membership 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:

Retailer location:

Date of purchase (mm/dd/yyyy):

 /  / 

Amount paid:

\$  . Fitness or activity membership start date  
(mm/dd/yyyy): /  / Fitness or activity membership end date  
(mm/dd/yyyy): /  /

Allina Health | Aetna member ID:  **Activity or fitness supplies**

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:

Retailer location:

Date of purchase (mm/dd/yyyy):

 /  / 

Amount paid:

\$  . 

**If the amount of the purchase is over \$100**, you must also demonstrate that you personally used the supplies or item purchased for a fitness activity. Provide a receipt showing the use of the item if available. If you do not have a receipt, provide a complete description of your use of the item in the boxes below.

Date of activity:

 /  / 

Location of activity:

Description of activity when the supply was used:

Do you have an itemized receipt? If yes, submit a copy of the itemized receipt as proof with this form. Please note if you also want to be reimbursed for this activity fee, submit a separate fitness reimbursement form along with the original itemized receipt for the activity fee.

Allina Health | Aetna member ID:

**Wearable items – fitness tracker**

Fitness trackers 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.

Retailer name:

Is the tracker registered to you:

Yes  No

Date of purchase (mm/dd/yyyy):

 /  / 

Amount paid:

\$  .

Type of fitness tracker (e.g., Apple Watch):

Describe how you're using the tracker:

**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.

### 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.

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