

Milwaukee County #714852

UnitedHealthcare
Gym Reimbursement
Claim Form



KEYABLE CLAIM

Provider EIN: 0-069000005

Diagnosis Code: **Z00.00**

Please process per M-SPI

* Health club membership: Date From: ____/____/____ To: ____/____/____		
Place of Service: CL	Procedure Code: S9970	Total Charge: \$_____
* Weight Loss Program: Date From: ____/____/____ To: ____/____/____		
Place of Service: CL	Procedure Code: S9449	Total Charge: \$_____

UHC ID Number: _____
Employee Name: _____
Street Address: _____
City State ZIP: _____
Member Name: _____

Relationship – check one: Subscriber Dependent

All benefit payments are sent to the address on file for the subscriber.

Certification and Authorization (this form must be signed and dated below)

I authorize the release of information to UnitedHealthcare about my health club membership. I certify the information provided is complete and correct and that I have not previously submitted for reimbursement of these expenses.

Subscriber/Member

Signature _____ Date _____

UnitedHealthcare Gym Reimbursement Program

Employees and dependents covered under the Milwaukee County medical plan can claim up to \$100 per person, per year for gym expenses.

You have two options for submitting your gym reimbursement claim: **online** or by **mail**.



Online (Recommended):

UnitedHealthcare encourages members to submit gym reimbursement claims through the UnitedHealthcare Member Portal. This is the fastest way to receive reimbursement.



By Mail:

Mail your completed form and documentation to:
Springfield Claim Office
PO Box 30555
Salt Lake City, UT 84130-0555

Eligible Expenses

The following expenses qualify for reimbursement:

- Full-service gyms with cardio and strength equipment.
- Fitness studios offering instructor-led group classes (e.g., yoga, Pilates, Zumba, cycling).
- Online fitness app subscriptions like Peloton (app only), Beachbody On Demand, Daily Burn, obé, or Apple Fitness+.
- In-person or online exercise classes.

Ineligible Expenses

These expenses are not eligible for reimbursement:

- Home gym equipment or activity trackers (e.g., treadmills, Fitbits).
- Personal training, sports lessons, race fees, or sports leagues.
- Clothing, sneakers, or sports equipment (e.g., skis).
- Ski passes, open gym access, or workshops like Weight Watchers.
- Services such as massage, acupuncture, or hypnosis.

Required Documentation

To process your claim, you must provide:

1. **Completed Gym Reimbursement Claim Form:** Fill out the necessary information for each member and upload the completed form.
2. **Proof of Payment:** A current bill, receipt, statement, or credit card statement showing payment for the months you are requesting reimbursement. Documentation must clearly include the member name, facility or program name, amount paid, and dates of payment.

Family Claims

Each family member requires a separate claim. For example, if your family of four has gym costs exceeding \$101, you must file four individual claims.

For each claim you must include:

- A completed Gym Reimbursement Claim Form for that family member.
- A proof of payment for that family member.

Details to Include on Gym Reimbursement Claim Form:

Monthly Payments: Your bill, receipt, or statement must clearly show your monthly charges.

Total Charges: Specify the total paid for the period. Example: For reimbursement from 9/1/2024 to 12/31/2024 at \$50/month, the total charge is \$200.

Date Range (From/To): Indicate the coverage dates for the reimbursement. Claims for future dates are not accepted. The "To" date must match the date of your claim submission.

UHC ID Number: This is the identification number on your UnitedHealthcare medical ID card.

Employee Name: Enter the name of the Milwaukee County employee who holds the coverage.

How to Submit Your Claim Online

1. Go to: [myuhc - Member Login](#) | [UnitedHealthcare](#)
2. Log in and select "Claims and Accounts," then click "Submit a Claim."
3. On the next screen, click "Start a Claim."
4. Scroll down and choose "Start New Claim Form."
5. Enter your email to verify your identity. You will receive a code via email. Enter the code in the text box, then answer a few verification questions.
6. In the "Submission Type" screen, select "Gym/Fitness" from the drop-down menu. After clicking "Next," Answer the questions related to your "Submission Details."
7. Upload your gym receipt/statement and Gym Reimbursement Claim Form. You will receive a confirmation email with a code once your claim is submitted.

For detailed instructions, click [here](#).

Claim Submission Deadlines

All gym reimbursement claims must be submitted within 12 months of the date of service listed on your proof of payment.

Reimbursements are paid by check through UnitedHealthcare. Please allow up to 6 weeks to receive your payment. If your check has not arrived after 6 weeks, contact the number listed below or call the member services number on the back of your ID card for assistance.

Questions? Contact UnitedHealthcare at  1-800-603-3941