



PacificSource Community Health Plans  
 2965 NE Conners Avenue, Bend OR 97701  
 541.385.5315 888.863.3637  
 Medicare.PacificSource.com

### MyCare Plans: Gym/Fitness Reimbursement Form

MEMBER INFORMATION			
First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
Date of Birth:	Member ID Number (on your PacificSource Medicare ID card):		
GYM/FITNESS CLAIM INFORMATION			
Fitness Center or Class Name:		Phone:	
Fitness Center Address:	City:	State:	Zip:
Amount:	Date(s) of Class/Membership:		
Is this request for a gym membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this request for fitness classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please include a brief description of the class: <hr/>			
Member's Signature:		Date:	

**Please remember to:**

Send original receipts within 90 days of completing your fitness class or receiving your gym membership bill.

**Receipts should include:**

- **Date(s) of service,**
- **Amount requested for reimbursement, and**
- **Proof of payment**

<b>Sign and mail to:</b> PacificSource Medicare Attn: Claims PO Box 7469 Bend, OR 97708	<b>Or, scan and e-mail to:</b> fitness@pacificsource.com
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The Gym/Fitness benefit is only for MyCare plan members. Reimbursement is up to \$20 per month with a maximum of \$240 every calendar year. This benefit is paid monthly.

*See your Evidence of Coverage for more information about your Gym and Fitness benefits.*

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Benefits may change on January 1 of each year.