



259 Monroe Avenue  
Rochester, NY 14607

# HealthDollars<sup>sm</sup>/TriVantage Reimbursement Form

- Please use this form for reimbursement for TriVantage Active Lifestyles or Family Focus benefits, or for reimbursement for your \$50 HealthDollars<sup>sm</sup> benefit.
- The HealthDollars<sup>sm</sup> benefit is available to subscribers of Preferred Care employer self-funded plans; Commercial plan members (Basix, Community, Comprehensive, Opportunity, TriVantage, and USdirect plans) and Preferred Care Gold and GoldValue plans. Members enrolled in GoldAnywhere (Medicare PPO), Preferred Care's Personal Plan, a Preferred Care health plan through Xerox, or Healthy NY are not eligible.
- All reimbursement claim forms must be received no later than six months from date of payment.
- Please print. For guidelines on completing this form, please see the reverse side.

## **1. Subscriber Information:**

|                             |  |  |  |   |  |  |   |  |  |  |  |   |  |  |
|-----------------------------|--|--|--|---|--|--|---|--|--|--|--|---|--|--|
| Subscriber/contract number: |  |  |  | - |  |  | - |  |  |  |  | - |  |  |
|-----------------------------|--|--|--|---|--|--|---|--|--|--|--|---|--|--|

|                        |                     |                |
|------------------------|---------------------|----------------|
| Subscriber's Last Name | First Name          | Middle Initial |
| Address                | City/State/Zip Code | Phone Number   |

## **2. Member Information:** (please provide name of the member using this benefit)

|                         |  |  |  |   |  |  |   |  |  |  |  |   |  |  |
|-------------------------|--|--|--|---|--|--|---|--|--|--|--|---|--|--|
| Member/contract number: |  |  |  | - |  |  | - |  |  |  |  | - |  |  |
|-------------------------|--|--|--|---|--|--|---|--|--|--|--|---|--|--|

|                    |            |              |
|--------------------|------------|--------------|
| Member's Last Name | First Name | Phone Number |
|--------------------|------------|--------------|

Please check all that apply:

- Health Club membership (\$300 annual maximum, TriVantage Active Lifestyles subscriber)
- Driver's Education, Swimming or Lifeguard Classes (\$300 annual maximum, TriVantage Family Focus subscriber)
- HealthDollars<sup>sm</sup> (\$50 annual maximum)

| Name, address and phone number of service provider | Amount paid | Date paid |
|--|-------------|-----------|
|  |             |           |
|  |             |           |

Total number of receipts attached: \_\_\_\_\_

Total paid: \_\_\_\_\_

## **3. Certification and Authorization:** (this form must be signed below)

I authorize the release of any information to Preferred Care about my HealthDollars/TriVantage benefit utilization. I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for or been reimbursed for these same services.

\_\_\_\_\_  
Subscriber's signature

\_\_\_\_\_  
Date

**Return to: Preferred Care, Attn: Accounts Payable/HealthDollars & TriVantage, 259 Monroe Avenue, Rochester, New York 14607**

(see reverse side for guidelines on completing this form)

## How to Submit Your HealthDollars<sup>sm</sup> or TriVantage Claim

*In order to process your claim promptly, please refer to the following guidelines to ensure that all necessary information is included.*

1. This form may be used for the following two types of reimbursement claims ONLY:
  - TriVantage health plan benefits (“Active Lifestyles” or “Family Focus” plans)
  - HealthDollars<sup>sm</sup> benefit. This benefit is provided to each subscriber (household). For example, a family of four would receive one \$50 HealthDollars annual reimbursement.
2. All reimbursement claim forms must be received by Preferred Care no later than six months from the date you paid for the service.
3. The HealthDollars benefit applies to the year in which the service is paid. For example, if a service is provided in December 2005, but you don't pay for it until January 2006, it will apply to your 2006 HealthDollars benefit. You must have been a Preferred 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 claim for reimbursement.
  - For each item you are claiming, you must attach a copy of itemized bills, statements or receipts preprinted or stamped with the service provider's name and address.
  - Debit/credit card statements, cancelled checks and 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(s) the service was provided (the service must be provided and paid for within the plan benefit year);
    - 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.
5. Preferred Care reserves the right to refuse reimbursement if the service provider does not meet quality standards as determined by Preferred Care.
6. Merchandise, such as attire and fitness equipment, does not qualify for reimbursement.
7. TriVantage “Active Lifestyles” subscribers will be reimbursed for health and fitness club memberships only. Individual exercise programs and personal trainer services do not qualify.
8. Sign this form and return it to:  
Preferred Care  
Attn: Accounts Payable/HealthDollars & TriVantage  
259 Monroe Avenue  
Rochester, New York 14607
9. Please allow 4-6 weeks for reimbursement (as long as your receipts and forms are complete and accurate).
10. Please visit our Web site at [www.preferredcare.org](http://www.preferredcare.org) for more information about HealthDollars<sup>sm</sup> and TriVantage health plan benefits.

Preferred Care is dedicated to prompt and accurate claim payments to our plan participants. By following these instructions and filling out the claim form completely, you will help us process your claim in a satisfactory manner.  
Thank you!