

**BCBSRI Medicare Advantage
Wellness / Caregiver reimbursement form**



Section 1 – Welcome to your Wellness / Caregiver reimbursement!

As a BlueCHiP for Medicare Value (HMO-POS), BlueCHiP for Medicare Extra (HMO-POS), or HealthMate for Medicare (PPO) member you can receive a yearly reimbursement for qualified wellness activities and caregiver services (see Section 4 for examples).

To receive your reimbursement, complete and submit this form. Or instead, you can submit the required information in your own format. Requests must include the following: Name, Date of Birth, Member Number, and information from Section 3 below. For Wellness reimbursements you must also include proof of payment. Submit your request by email or to one of the addresses listed in Section 6. Reimbursement requests must be received by Blue Cross & Blue Shield of Rhode Island no later than one year from the date of the activity or service. Please allow 30 days for processing.

Section 2 – Personal information (please complete all lines)

Member Number		Date of Birth	
Last Name	First Name	Middle Initial	
Street Address (P.O. Box is not allowed)			
City		State	ZIP Code
Phone Number ()	Please select one: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Alternate Phone		
Email Address			

Section 3 – Reimbursement information (please complete all lines)

Please select one type of reimbursement: Wellness reimbursement
 Caregiver reimbursement

Amount of reimbursement request	Date of activity or service	
Name of Activity or Service Provider		
Address		
City	State	ZIP Code

Member Signature: _____ Today's Date: _____

Section 4 – Examples of qualified wellness activities and caregiver services

Please review your Evidence of Coverage (EOC) prior to submitting this form to verify your plan's reimbursement limits and a complete list of covered services. You can also contact us by calling the Medicare Concierge team or visiting one of our four Your Blue StoreSM locations (contact information listed below).

Wellness reimbursement (some examples of covered services):

- Participation in fitness equipment or classes, physical activities, gym membership fees
- Registration or participation fees for road races or walking challenges
- Participation in weight loss programs such as Weight Watchers[®] or Jenny Craig[®]
- Nutritional counseling with a dietitian

Caregiver reimbursement:

- Providing basic household assistance, such as light housekeeping and/or light meal preparation
- Providing bathing assistance
- Transporting and/or accompanying the member to medical appointments

Section 5 – Submit your form

Please submit a separate request for your wellness and caregiver reimbursements to one of the following:

By email:

MedicareReimbursement@bcbsri.org

By mail:

Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

By fax:

(401) 459-5089

In person at Your Blue Store*:

- Cranston: Marshall's Plaza,
1325 Oaklawn Ave.
- East Providence: Highland Commons,
71 Highland Ave.
- Lincoln: Lincoln Mall Shopping Center,
622 George Washington Hwy.
- Warwick: Cowesett Corners,
300 Quaker Ln.

*Our Your Blue Store locations follow state and federal guidelines during emergencies. Please check bcbsri.com/yourbluestore for information regarding special senior hours, store opening status (including capacity limits), and fitness programming information.

Section 6 – Contact Information

Call the Medicare Concierge team at 1-800-267-0439 (TTY:711). Hours are October 1 - March 31, seven days a week, 8:00 a.m. to 8:00 p.m.; April 1 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday 8:00 a.m. to noon. You can also use our automated answering system outside of these hours.

500 Exchange Street • Providence, RI 02903-2699 • www.bcbsri.com/medicare

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