

MyFitRx™ and Kids on the Move Reimbursement Form

Eligible members can be reimbursed up to **\$50 per benefit year** for participating in and completing the **MyFitRx™** (ages 16 and over) or the **Kids on the Move** program (ages 7-15). **See your plan contract or call member services to confirm that this benefit applies to your plan.**

MyFitRx™ are available at CDPHP Fitness Connect at the Ciccotti Center and the Champlain Valley Physicians Hospital. **Kids on the Move** is available at CDPHP Fitness Connect at the Ciccotti Center. Visit www.cdphp.com/fitness for program information.

Member Name: _____ Date of Birth: _____

Member ID #: _____ Phone Number: _____

Please submit separate forms for each member seeking reimbursement.

PROGRAM NAME	ENROLLMENT DATE	POST-ASSESSMENT DATE	FEES PAID*
TOTAL			

**Acceptable proofs of payment include a copy of a bill from facility showing fee(s) paid, or a credit card statement. Documentation must include member name, facility name, amount paid, and dates of payment. Reimbursement will be made to the subscriber and sent to the address on file.*

CERTIFICATION AND AUTHORIZATION *(must be signed by the subscriber)*

Any person who knowingly and with intent to defraud 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature _____ Date Signed _____

Please mail this form, and proof of payment to:

CDPHP
PO Box 66602
Albany, NY 12206-6602



Notice of Non-Discrimination

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with federal civil rights laws. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (518) 641-3800 o 1-800-388-2994 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(518) 641-3800 或 1-800-388-2994 (TTY：711)。