

# 2022 Wellness Wallet Reimbursement Form



**MARTIN'S POINT**  
MEDICARE ADVANTAGE PLANS  
GENERATIONS ADVANTAGE

## Important:

- ▶ Before filling out this form, please read instructions below. **Incomplete information may result in a delay or denial of your claim.** If your claim is denied due to incomplete information, you will need to resubmit your reimbursement request.
- ▶ You may submit more than one purchased item or service on a form. Please provide receipts for each item requesting reimbursement. You may submit for reimbursement immediately after your purchase, you do not need to wait until the end of the year.
- ▶ We will need to see **WHAT** you purchased, **HOW MUCH** it cost, and **HOW YOU PAID** for it. Provide **COPIES** of documents only, please keep your originals.
- ▶ If you are not sure if your purchase is eligible for reimbursement, please call Martin's Point Generations Advantage Member Services at 1-866-544-7504.
- ▶ Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of claim processing.
- ▶ Notification of approval or denial of your request for a Wellness Wallet reimbursement will appear on your Explanation of Benefits (EOB) document which will be mailed to you.

**Please visit [MartinsPoint.org/WellnessWallet](https://MartinsPoint.org/WellnessWallet) or call Member Services for additional details.**

## Instructions

**NOTE: To be eligible for reimbursement,** the date of service or purchase must be within your period of enrollment in a Generations Advantage plan in 2022 and you must submit your claim by March 31, 2023. Please note: We will reimburse in full (up to the 2022 Wellness Wallet limit) if your fitness/gym membership extends into the 2023 calendar year.

- 1. Please print this two-sided form** and fill in all fields on the reverse side of the form. Be sure to sign the form. Incomplete information may result in a delay or denial of your claim. If denied due to incomplete information, you will need to resubmit your reimbursement request.
- 2. Provide copies only of itemized receipt and proof of payment** (e.g. bank or credit card statement/receipt, etc.). Do NOT send originals, please.
- 3. Upon completion return to:**  
Martin's Point Generations Advantage Claims Department  
PO Box 11410  
Portland, ME 04104-9863

If request is complete and item is eligible for reimbursement, you should receive a check within four to six weeks.

# Request For Wellness Wallet Reimbursement

(Please print.)



**A** Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Plan Member ID #: \_\_\_\_\_

**B** Please check  which 2022 purchase(s) you wish to be reimbursed for.

**COPIES of itemized receipt and proof of purchase required for each item/service.**

**Membership Fees and Day/Season Passes:** Gym Bowling Cycling club Fitness club  
 Golf Skiing Horseback riding Sport club/league Mini-golf Pool or YMCA Squash club

**Classes/Lessons:** Dance Horseback riding Martial arts Tennis Yoga Online fitness  
 Fitness classes Kayak lessons Ski lessons

**Equipment:** Non-recreational, at-home fitness equipment Bicycles (standard and power-assist)  
 Sport helmet Fishing rods/tackle Fitness sneakers Hiking or winter boots Kayak/canoe  
 Crampons for footwear (microspikes, Yaktrax, etc.) Skis Walking/hiking poles  
 Water-reservoir backpacks Water reservoirs Wearable fitness tracker (including Apple Watch and other smart watches) Wet suit

**Supplies/Repairs:** Athletic tape Braces worn while working out (back, wrist, ankle)  
 Safety lights that attach to bikes, helmets, or on person Reflective safety wear  
 Bicycle repair Exercise equipment repair

**Naturopathic Services:** Acupuncture\* Naturopathic services\*

**Eyewear\*:** Prescription lenses, frames, contact lenses (\*Note: Alliance (HMO) plan members cannot use Wellness Wallet benefits for eyewear. Use the [medical reimbursement form](#) for your separate allowance.)

**Fitness:** Personal trainer at a facility\* Workout videos/streaming, apps, subscription

**Nutrition/Dietary:** Nutrition/dietary classes\* Nutrition/dietary counseling  
 Weight management program Weight Watchers (food not reimbursable)

**Face Masks:** Face Masks (Exclusions apply—visit [MartinsPoint.org/WellnessWallet](https://MartinsPoint.org/WellnessWallet) before purchasing.)

**OTHER Description of Item or Service:** \_\_\_\_\_

<b>C</b>	<b>Service Provider/Store</b>	<b>Date of Service</b>	<b>Amount Paid**</b>
<b>Item 1</b>			
<b>Item 2</b>			
<b>Item 3</b>			

\*Please note some items and services have restrictions.

Please visit [MartinsPoint.org/WellnessWallet](https://MartinsPoint.org/WellnessWallet) or call Member Services for details.

\*\*We reimburse up to annual amount for item/service, taxes, fees, shipping/delivery, and assembly.