



## **Hemophilia Outreach Center's Fitness Reimbursement Program**

Proper and adequate amounts of physical fitness leads to better health outcomes for all individuals. In the past, the HOC has offered yoga and other fitness programs here at the center. We know that for many people getting to the Center in Green Bay may not always be feasible. Therefore, we want to give all patients the opportunity to engage in physical fitness routines, in the area in which they live. To participate, you must be an active patient of the Hemophilia Outreach Center and attend your annual appointments.

### **How it works:**

The HOC will reimburse each patient up to **\$15 per month** for a fitness membership, exercise class, or physical fitness participation fee.

(Examples: YMCA, Yoga, Karate, Swimming, Dance, Baseball, Track, etc.)

The HOC will reimburse the patient monthly upon receiving required documentation **OR**

As required documentation is provided by patient. Documentation must be for month requesting reimbursement.

### **Exclusions**

- The HOC cannot support physical fitness activities that are dangerous to the patient due to their bleeding disorder. This will be determined by the National Hemophilia Foundation's recommendations (*Playing It Safe*) and patient's hematologist.
- This reimbursement program does not cover equipment or additional fees for services not directly engaging the patient in appropriate physical fitness.
- Patients that have an outstanding charge for their annual exam will not be eligible for reimbursement until the charge is paid in full.

### **To apply:**

Complete a fitness reimbursement agreement and submit proper documentation when requested.

You must give the Hemophilia Outreach Center permission to track your physical activities. Payments will only be made to patients who actively participate in a physical fitness routine **at least 4 times each month.**

### **Required documentation:**

- Fitness log (provided by fitness facility) of how many times the patient utilized the fitness center that month.
- Itemized invoice for the fitness facility

If you have additional questions or would like help finding a fitness center in your area, do not hesitate to call.

The Hemophilia Outreach Center

(920) 965-0606



## **Fitness Reimbursement Program**

**2020**

Patient Name: \_\_\_\_\_

Physical Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Membership Type: Individual Couple Family

\*If family, how many people are on your plan: \_\_\_\_\_

Cost: \$\_\_\_\_\_/month

I \_\_\_\_\_ give permission to the Hemophilia Outreach Center to obtain proof of physical activity engagement (location name) \_\_\_\_\_ to monitor the frequency and use of their facility. By signing this agreement, I understand that I must engage in the specified physical activity a minimum of 4 times a month and provide the required documentation to be reimbursed. I understand that in the event of an injury, it is my responsibility to contact (location name) \_\_\_\_\_ and the Hemophilia Outreach Center to place my account on hold. If I choose to cancel my membership, I understand that it is my responsibility to inform both the fitness facility and the Hemophilia Outreach Center. If I do not give proper notice and incur a fee, I understand I may be held responsible for that payment.

Signature of Patient/of Parent (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Preferred method of contact:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Letter: \_\_\_\_\_