



Hemophilia Outreach Center's Fitness Reimbursement Program

Proper and adequate amounts of physical fitness leads to better health outcomes for all individuals. We want to give all patients the opportunity to engage in physical fitness routines, be it in person or virtually. 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, physical fitness participation or online fitness membership.

(Examples: YMCA, Yoga, Karate, Swimming, Dance, Baseball, Peloton, Beachbody on Demand, FitOn, etc.)

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

As required documentation is provided by patient. You must have documentation for all months you're requesting reimbursement for.

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**.

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.

Required documentation:

In Person Fitness Activity (Gym, fitness class, sports, etc.)

- Fitness log (printed from fitness facility, or something showing class schedule and attendance) of how many times the patient utilized the fitness center/class that month.
- Itemized invoice/receipt for the fitness facility

Online Fitness Membership/Platform (Peloton, Beachbody on Demand, FitOn, Myxx Fitness)

- Activity Log (COMPLETED workouts) from fitness platform/app, screenshot from tracking device Apple Watch, FitBit, etc.
- Itemized invoice/receipt from membership fee

If you have additional questions or would like more information on how to start a fitness routine, HOC is happy to help you! Call The Hemophilia Outreach Center at (920) 965-0606



Fitness Reimbursement Program

2024

Patient Name: _____

Physical Activity: _____ Location of Activity: In Person/Virtual (circle one)

Membership or Activity: _____ (i.e. YMCA, Beachbody, Dance Class)

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: _____

Address (Where check will be mailed): _____