



### Fitness Club Enrollment Form

UCare ID Number		
Name (Exactly as it appears on your UCare member ID card)		
First	Last	MI
Date of Birth (Required)		Daytime Phone
Street Address		Suite/Apt.
City	State	ZIP

#### Member Initials

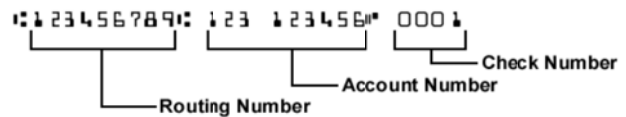
- \_\_\_\_\_ I understand that there is a limit of one, maximum \$20 monthly credit per member. I also understand my workout must happen inside the facility and/or within the facility's supervised programming.
- \_\_\_\_\_ I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- \_\_\_\_\_ I understand there will be a period of time between the completed month and the applied credit. Example: work out in January, verified in February, credit applied to account by the end of March.
- \_\_\_\_\_ I understand that canceling my membership will result in forfeiture of any unapplied credits.
- \_\_\_\_\_ I understand that I may have a visit requirement and it is my responsibility to ensure my visit is recorded at the time of my workout.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Member Authorization of Credit

##### Account type:

- Checking (**attach voided check**)
- Savings (**attach savings deposit slip**)



Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I authorize the above fitness center and Vanco Services, LLC to process credit entries to the account indicated above. This authorization will remain in effect until I notify the fitness center to discontinue the electronic deposits of funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*UCare Minnesota and UCare Health, Inc. are Medicare Advantage plans with a Medicare contract. Enrollment in UCare Minnesota and UCare Health, Inc. depends on contract renewal.*

- Over -

**For Fitness Center Use ONLY**

New enrollment    Change in insurance    Change in bank account information

Fitness Center Name \_\_\_\_\_ Club # \_\_\_\_\_

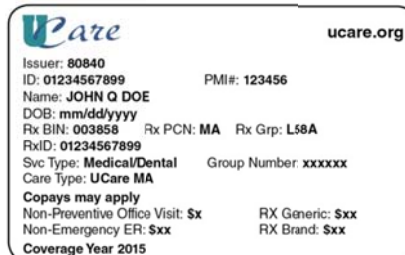
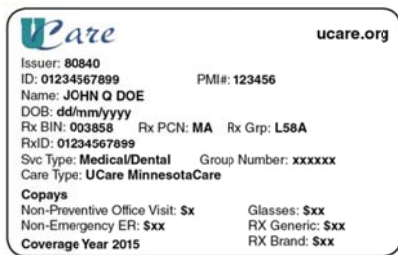
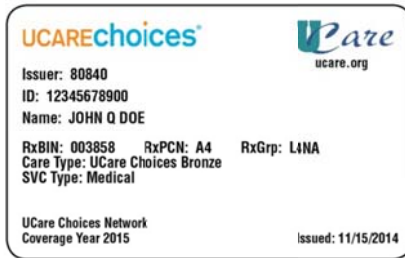
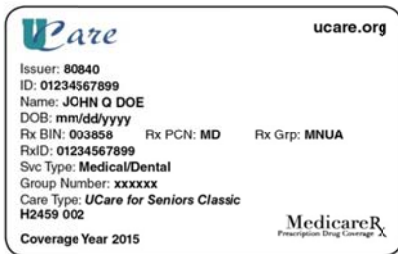
Fitness Center Member \_\_\_\_\_ Monthly Average Dues \$ \_\_\_\_\_

UCare Member ID # \_\_\_\_\_

**Examples of UCare Member ID Cards**

Eligible UCare plans include:

*UCare for Seniors, UCare Choices, Fairview UCare Choices, MinnesotaCare, and PMAP (Medical Assistance)*



**Attention. If you need free help interpreting this document, call UCare at 612-676-3200 or toll free at 1-800-203-7225.**

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ៖ បើអ្នកត្រូវការជំនួយក្នុងការយល់ព័ន្ធនឹងឯកសារនេះដោយឥតគិតថ្លៃ សូមមេរទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoc nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntauñ ntauwv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍຮີ, ຈົ່ງໂທໂຮໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

L1B3-0005 (3-13)

**This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY); or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).**

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.