

Waiver

You have received this form because you indicated that you are unable to participate in the Oxford® Sweat Equity™ program. Please ask your physician or health care provider to verify the reason.

Then, mail this form and your completed Sweat Equity Program Reimbursement form to:

Oxford Sweat Equity Reimbursement Program
 P.O. Box 29130
 Hot Springs, AR 71903

Patient/Member Information			
First Name	Last Name	Date of Birth (Month/Day/Year)	Gender
Is the patient the plan subscriber? (Yes/No):	If no, what is the patient's relationship to the plan subscriber? (e.g., spouse, domestic partner):		
Employer/Company Name			Member ID Number
Street Address			
City		State	ZIP Code

Six-Month Period Sweat Equity Program	
Start Date	End Date

Verification

(For Health Care Provider Use Only)

Please provide an explanation below as to why your patient cannot participate in the Sweat Equity program and the time frame of non-participation. The program offers reimbursement to certain members (e.g., subscriber, subscriber's covered spouse/domestic partner, subscriber's eligible dependents age 13 and older), as specified in the member's benefit plan documents, of a portion of their expenses paid for cardiovascular workouts. Under the program, members are asked to complete a total of 50 cardio workouts — either through fitness facility visits, classes, organized events (e.g., marathon), or a combination of these options — in a six-month period.

Reason:

Time Period Unable to Participate*: _____/_____/_____ - _____/_____/_____ (month/day/year)

*Time period not to exceed one year. A new form is required each year.

Signature (Form Must Be Signed)

Signature of Health Care Provider		Date
Name Printed or Official Stamp		
Phone Number		
Street Address		
City		State
		ZIP Code
DEA # (Optional with Official Stamp)		

This completed waiver and program reimbursement form must be mailed to us (postmarked) no later than 180 days from the last date of the six-month program period you indicate above.

Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

Facebook.com/UnitedHealthcare | Twitter.com/UHC | Instagram.com/UnitedHealthcare | YouTube.com/UnitedHealthcare

B2C EI1954905.0 1/20 ©2020 Oxford Health Plans LLC. All rights reserved. 19-55539 11597 R1



Oxford