

Health Alliance:

- Member Services: (800) 965-4022 (TTY 711)
OSFMedAdvantage Members: (877) 933-8480 (TTY 711)
- How to be reimbursed for your fitness benefit:
The documents required depends on how your gym works.
Here is what you will need:
 - [OSF Be Fit Fitness Reimbursement Form](#) or [Be Fit Online Form](#)
 - If your gym can give you a receipt:
 - A dated receipt showing:
 - The amount charged
 - Your name
 - Name of the gym or fitness facility or description of the class or description of the charge for membership fee
 - If your gym can't give you a receipt, send us:
 - A bank or credit card statement showing proof of your payment
 - Your fitness agreement or contract (which you only have to send us once)
 - *If you submit a receipt without a reimbursement form:*
 - *You'll be reimbursed up to \$360, but you will get a denial letter in the mail for any balance on the receipt above \$360.*
- Submit Online [Here](#)

Or by mail
Claims Processing Center
3310 Fields South Drive
Champaign, IL 61822

Or by email
BeFitClaims@healthalliance.org

Or by fax
(217) 337-8008

- To find a provider or pharmacy: healthalliance.org or call the member services number above.