

Health Insurance Membership Application & Agreement

Name exactly as it appears on your insurance card

Date of Birth

Fit ID# or other Insurance Confirmation #

Billing Address

City/State/Zip

Email

Phone

Would you like electronic billing? (for plans that reimburse the member e.g., Medica) Yes

Would you like to join our mailing list? Yes

Emergency Contact

Phone

Below are the insurance plans we currently work with. Please **check, if you know**, which plan you are currently participating in. You will need to provide a copy of your insurance card for us to find the specific plan.

- Silver Sneakers** - Various Medicare and Medicare supplement plans, we will check on your eligibility and contact you. If you have a card, we can show you how to use it here.
- Silver and Fit** - Various Medicare and Medicare supplement plans, we will check on your eligibility and contact you.
- Active and Fit** - We will check on your eligibility and contact you.
- Medica Fit Partners** - You pay for a regular membership. You will need to enroll at <http://nihcarewards.org/> to get reimbursement based on your monthly visits. (We can help you with enrollment.)
- Renew Active/One Pass** - You will need a confirmation number from your insurance. We can also walk you through that process if needed.
- BC/BS, PreferredOne, Health Partners, UCare and more** Visit <http://nihcarewards.org/> to see if you qualify and enroll to get reimbursement based on your monthly visits.
- Blue 365** - We will check on your eligibility and contact you.
- Prime Private Brand** - We will check on your eligibility and contact you. If you have a card, we can show you how to use it here, just fill out a general registration form for us if you will be coming regularly.

Recreation and Fitness Resources does not assume responsibility for accidents or injuries. Everyone using this facility does so at their own risk. Wisconsin Statute 895.525

- I have read and understand** the policies outlined at Bayfieldrec.org/policies.
- I understand** that Recreation and Fitness Resources reserves the right to modify or discontinue any policy at any time and in its sole discretion, with or without prior notice.
- I request 24 Hour Access.** I understand that I may not share my fob with others, including family members and that I will not allow entry (open door) to others – including known persons or members.



Overnight hours are only for those over 18. please visit our website at bayfieldrec.org/policies or scan the QR code with your phone's camera.

Signature: _____

Date: _____

I have read and agree to abide by the above statements & protocols.