

WEIGHT MANAGEMENT REWARDS



Depending on your plan and employer, you can get money back on a weight management program. Make sure to check your benefits to determine what weight management rebates are available to you.

Qualifying Weight Management Programs Include

- **Jenny Craig**
- **Weight Watchers & Weight Watchers at Work**
- **Hospital-based weight loss programs**

The reimbursement applies once per benefit year, per family.

The reimbursement applies to Jenny Craig and Weight Watchers programs, OR 50% of the initial evaluation fee for specified medical facility-based weight loss programs.

The reimbursement does not apply to the cost of food.

Members would have the option to submit for one of the above options, no combination of reimbursements would be permitted.

Fees for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify for the reimbursement.

YOUR REBATE

Submit your rebate form online at: mytuftshealthplan.com under the Forms tab.
Or, you can mail in the rebate form on the reverse side.

REBATE FORM ON BACK 



For more information about the weight management rebate, please contact Member Services at 800.462.0224.

WEIGHT MANAGEMENT MEMBER REBATE FORM

Please print clearly, complete all sections in blue, and sign. Retain a copy of all receipts and documents for your records.

Please note: You can submit one weight management rebate (per household) per benefit year up to \$150 or 3 months of weight management program fees after completing a qualifying program. You will have 24 months from the date you paid your weight management program fees to submit your request for the rebate. We typically process reimbursements within 4 to 6 weeks of receipt. The rebate can be submitted multiple times until full reimbursement is met.

1. MEMBER'S TUFTS HEALTH PLAN ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. MEMBER'S NAME (Last, First, Middle Initial):

3. MEMBER'S DATE OF BIRTH

Date of Birth: ____ / ____ / ____ Sex: M F Self Spouse Child Other

4. MEMBER'S RELATIONSHIP TO SUBSCRIBER

5. SUBSCRIBER'S NAME, ADDRESS, TELEPHONE

Name (Last, First, Middle Initial): _____

Address: _____

Telephone: _____

6. WEIGHT MANAGEMENT PROGRAM Name: _____

Address: _____ Telephone: _____

FOR INTERNAL USE ONLY

7. IN WHAT SETTING DID THE MEMBER RECEIVE TREATMENT?

(e.g., office, ER, hospital, clinic, ambulance, etc.)

Weight Management

8. DIAGNOSIS: WHAT WERE YOU SEEN FOR?

Diagnosis Code: 799

Description: General

9. WEIGHT PROGRAM INFORMATION

A	B	C
Year of weight mgt. program membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid
	* S9449 Weight management class, non-physician	
	*	
	*	
	Total amount paid	

10. PROOF OF SERVICE(S) THROUGH ONE OF THE FOLLOWING:

An itemized bill from the weight management program, listing year of membership and dollar amounts paid

11. PROOF OF PAYMENT THROUGH ONE OF THE FOLLOWING:

The front and back of the cancelled check written to the weight management program

A credit card statement or receipt

A statement from the weight management program, on the program's letterhead with an authorized signature, indicating payment was made

A receipt for purchased items, with the weight management program's name and address preprinted on the receipt, with items listed and amount paid

12. SIGNATURE IS REQUIRED:

I attest that the above information is accurate and complete. _____

INTERNAL USE ONLY

Representative's Name/Extension: _____ Corporate Receipt Date: ____ / ____ / ____

Please submit this form and all documentation to:

Tufts Health Plan | Member Reimbursement Claims, PO Box 9191
Watertown, MA 02471-9191

Please do not staple any materials to this form

