

SAVE UP TO \$150 ON WEIGHT MANAGEMENT PROGRAMS



\$150 Weight Management Rebate from Tufts Health Plan

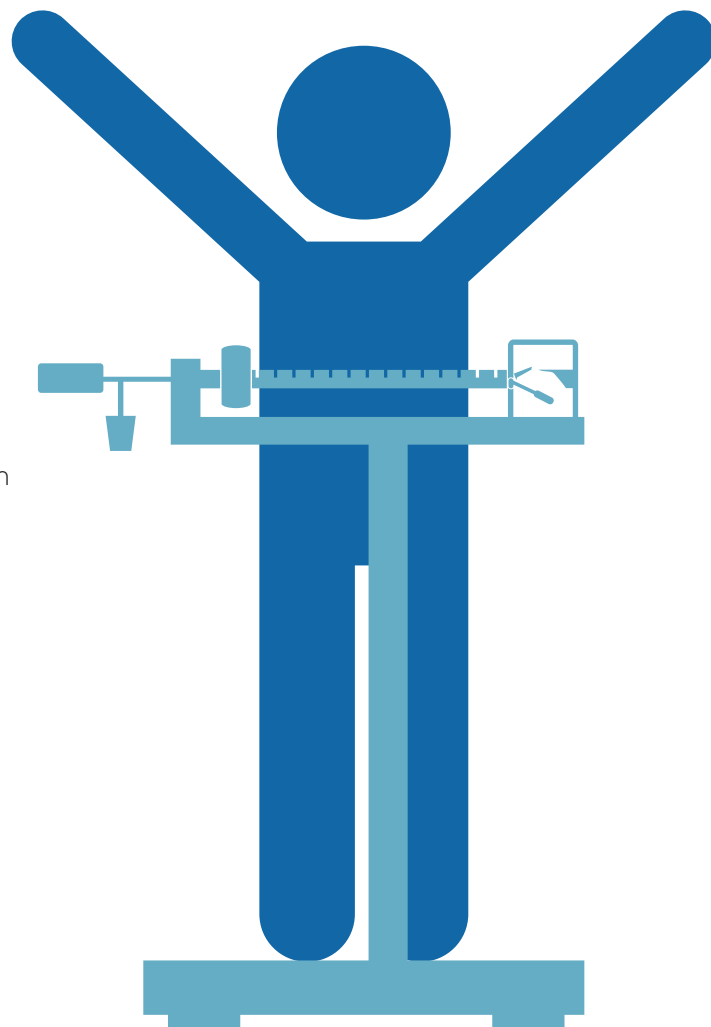
Your employer has elected to provide you a weight management program that will save you up to \$150 per calendar year in program fees. To receive these savings, once you have enrolled and paid for a qualifying program, mail a copy of your receipt and the reimbursement form to Tufts Health Plan.

Weight Management Program Highlights

Qualifying weight management programs include:

- ▶ Jenny Craig
- ▶ Traditional Weight Watchers meetings
- ▶ Weight Watchers At Work programs
- ▶ Hospital-based weight loss programs

Please note that the Weight Watchers Online program does not qualify for the weight management savings. In addition, 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. For more information about the weight management program savings, please contact Member Services at 800.462.0224.



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro. 若需免費的中文版本, 請撥打ID卡上的電話號碼。

SUBMIT YOUR REIMBURSEMENT FORM >>>

WEIGHT MANAGEMENT MEMBER REIMBURSEMENT 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 reimbursement (per household) per calendar year up to \$150 after completing a qualifying program. We typically process reimbursements within 4 to 6 weeks of receipt.

1. MEMBER'S TUFTS HEALTH PLAN ID#

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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



WEIGHT-10/16