



# Weight Management Reimbursement Form

Once you participate in at least eight weeks of a qualifying weight management program, or four sessions with a registered dietitian, submit this form to receive a reimbursement of up to \$75.

★ All fields listed below are required to process your reimbursement. ★

## Member Information

CDPHP member ID: \_\_\_\_\_ Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please check which program you participated in:

Counseling with a registered dietitian     Next Steps: Champlain Valley Physicians Hospital     Kids on the Move: Ciccotti Center

Medical provider-based program     Next Steps: Ciccotti Center     TOPS (Take Off Pounds Sensibly)

WW Digital and Studio     Other: \_\_\_\_\_

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

Member Signature: \_\_\_\_\_

*By signing this form, you are agreeing that you have fulfilled all weight management reimbursement criteria.*

- ▶ Complete and mail this form, along with proof of payment and participation to:
  - » CDPHP Claims Dept.
  - P.O. Box 66602
  - Albany, NY 12206-6602
- ▶ Please allow 4-6 weeks for processing.
- ▶ For more information and a complete list of qualifying programs and exclusions, please visit: [www.cdphp.com/weight-management](http://www.cdphp.com/weight-management)

*\* This reimbursement is available once per member, per benefit period. Consult your contract for eligibility information.*

### Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。