



Weight Management Reimbursement Form

Submit this form to be reimbursed up to \$100* after participating in at least eight weeks of a qualifying weight management program or four sessions with a registered dietitian or health coach certified by the National Board for Health & Wellness Coaching (NBHWC).

★ 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	Jenny Craig	TOPS (Take Off Pounds Sensibly)
Medical provider-based program	Nutrisystem	NBC-HWC Health Coaching
WW Digital and Studio	Noom	Other: _____

Program start date:	Program end date:
Member signature:	Total fees paid:

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: cdphp.com/weight-management

* This reimbursement is available once per member, per benefit period. Maximum reimbursement is \$75 for Federal plan members as well as some self-funded members. To confirm your reimbursement maximum, log in to your member account at member.cdphp.com, click on the Benefits & Treatment Costs tab, select Medical Benefits, and type "weight management" in the search box; or call the number on your member ID card.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do 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）。