



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

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](https://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®) 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）。