WEIGHT MANAGEMENT PROGRAM REIMBURSEMENT FORM



The Benefit

Tufts Health Plan Medicare Preferred will cover up to \$150* toward the program fees for weight loss programs such as Weight Watchers, Jenny Craig, iDiet, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

*\$150 is the total reimbursement amount each year (January 1-December 31).

How to Get the Reimbursement

Complete this form and mail it with your Weight Management program paid receipt to:

Tufts Health Plan Medicare Preferred P.O. Box 9183 Watertown, MA 02471-9183

Reimbursement requests must be received by March 31st of the following year.

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Member Information					
Relationship to the Subscriber: Self		Authorized Represe			
If a Member Reimbursement is being submitted by an Authorized Representative, please complete and include the Tufts Health Plan Appointment of Personal Representative Form (AOR), or any legal documentation verifying personal representation, with your request. We require verification of the authority of a Personal Representative before the request can be processed. You can find the AOR form on our website at thpmp.org/aor-forms.					
Last Name:		First Name:		Middle Initial:	
Date of Birth:	Р	hone Number:		-	
Tufts Medicare Preferred Supplemen	t Membe	er ID #:			
Street Address:					
City:		State [,]	Zip Code		

For More Information

If you have any questions, call Tufts Health Plan Medicare Preferred Customer Relations at: 800-701-9000 (TTY 711)

Representatives are available Monday-Friday, 8:00 a.m.-8:00 p.m. (From October 1-March 31, representatives are available 7 days a week, 8:00 a.m.-8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law. Benefits may change on January 1 of each year.