

# 2024 Senior Care Options Weight Management Program Reimbursement Form

Tufts Health Plan Senior Care Options will cover up to \$200\* toward the program fees for weight loss programs such as Weight Watchers®, 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. **Reimbursement requests must be received by March 31 of the following year.**

If a Member Reimbursement Form is being submitted by an Authorized Representative, please complete and include the *Appointment of Representative (AOR) Form*, or any legal documentation verifying personal representation, with your request. We require verification of the authority of an Authorized Representative before the request can be processed. You can find the AOR Form on our website at [www.thpmp.org/cms-aor-form](http://www.thpmp.org/cms-aor-form).

I am completing this form as an Authorized Representative to the subscriber.

## Member Information

First name

M.I.

Last name

Date of birth

Member ID number

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## Instructions



Please mail this completed form and Weight Management program paid receipt to:

**Tufts Health Plan Senior Care Options**  
P.O. Box 518  
Canton, MA 02021-0518

### For more information:

Call Member Services at  
**1-855-670-5934 (TTY: 711)**  
8 a.m.–8 p.m., 7 days a week  
(Mon.–Fri. from Apr. 1–Sept. 30).

\*\$200 is the total reimbursement amount each year (January 1–December 31).

Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal. The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only. Other eligibility requirements may apply. Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711). H8330\_2024\_66\_C