

Tufts Health Plan Medicare Supplement plans will cover Medicare Supplement 1 and 1A members with up to \$150<sup>1</sup> 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 Personal 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 [thmp.org/tmp-aor-form](http://thmp.org/tmp-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 along with an itemized bill from the weight management program and paid receipts. Itemized bill must be in the member's name or alternatively, in the name of the member's representative on record.**

**Mail receipts to:**

**Tufts Health Plan**

P.O. Box 518

Canton, MA 02021-0214

**For more information:**

Call Member Services at

**1-800-701-9000 (TTY: 711)**

8 a.m.–8 p.m., 7 days a week

(Mon.–Fri. from Apr. 1–Sept. 30).

<sup>1</sup>\$150 is the total reimbursement amount each year (January 1–December 31).

Tufts Health Plan Medicare Supplement plans are offered in accordance with Massachusetts law. Members must have Medicare Part A and B to enroll in this plan. Please see the Outline of Coverage for full information on covered services – what Medicare pays, what each Tufts Health Plan Medicare Supplement plan pays, and what you pay. Tufts Health Plan 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 1-800-701-9000 (TTY: 711). 18-MSUPPWMFORM-25