

This form is used to request the \$150\* Weight Management reimbursement offered by Tufts Health Plan Medicare Advantage HMO/PPO. This benefit will cover up to \$150 per calendar year toward program fees for weight loss programs including 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 [thpmp.org/cms-aor-form](http://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**

P.O. Box 518

Canton, MA 02021-0518

**For more information:**

Call Member Services at

**1-800-701-9000 (HMO)/**

**1-866-623-0172 (PPO) (TTY: 711)**

8 a.m.–8 p.m., 7 days a week

(Mon.–Fri. from Apr. 1–Sept. 30).

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

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 (HMO)/1-866-623-0172 (PPO) (TTY: 711). Y0065\_2025\_123\_C