

Harvard Pilgrim Weight Management Reimbursement Form

Please read the instructions below, then fill out the Weight Management Reimbursement Form.

Mailing Instructions

Keep copies of all documentation before mailing in your Weight Management Reimbursement Form.

Please enclose copies of the following:

1. Completed, signed and dated Weight Management Reimbursement Form
2. Copy of receipts (cash/check/credit/electronic) for fees paid clearly documenting your name and the weight management program name. Fees must equal or exceed the amount being claimed.

Mail to: Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- Your employer must offer Harvard Pilgrim's weight management reimbursement benefit.

When can I submit my Reimbursement Form?

- Starting with January 1 of the current calendar year and when you have met the above stated criteria.
- Submission must be received by March 31 of the following year.
- Subscribers may submit for weight management reimbursement for themselves and/or dependents only once per calendar year.

How much can I claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January-December) in total for qualified weight management program fees for the member and/or their dependents.

What happens once I submit the Weight Management Reimbursement Form?

- Reimbursement checks will be mailed and made payable to the member only at the member's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact us prior to submitting your Weight Management Reimbursement Form.
- Please allow up to 8 weeks for processing.

Reimbursement program requirements are subject to change without notice.



Harvard Pilgrim Weight Management Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you have incurred up to \$150 in weight management program expenses.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts.
- Once all sections of this form have been completed, signed and dated by the Subscriber.
- Programs that qualify: WW (Weight Watchers)® digital and workshop programs and hospital-based weight management programs.

Section A – Subscriber Information (person who holds coverage)

| | | | |
|------------------------------------|------------------------|------------------------|----------------|
| Harvard Pilgrim ID Number | Subscriber's Last Name | First Name | Middle Initial |
| Date of Birth (mm/dd/yyyy) | | | |
| Address | City | State | ZIP Code |
| Daytime Phone (area code) xxx-xxxx | | Member's Email Address | |

Section B – Subscriber and/or Member Information for Reimbursement

| | | | |
|---------------------------|-----------|------------|----------------------------|
| Harvard Pilgrim ID Number | Last Name | First Name | Date of Birth (mm/dd/yyyy) |
| Harvard Pilgrim ID Number | Last Name | First Name | Date of Birth (mm/dd/yyyy) |
| Harvard Pilgrim ID Number | Last Name | First Name | Date of Birth (mm/dd/yyyy) |

Section C – Weight Management Program Information

List all programs that you and/or your dependent(s) are submitting for reimbursement

| ATTACH DOCUMENTATION | Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy | Program Name | City, State | Phone Number (Area Code) xxx-xxxx | \$ Amount being claimed |
|----------------------|---|--------------|-------------|--------------------------------------|----------------------------|
| | from: ____/____/____ to: ____/____/____ | | | | |
| | from: ____/____/____ to: ____/____/____ | | | | |
| | from: ____/____/____ to: ____/____/____ | | | | |
| | from: ____/____/____ to: ____/____/____ | | | | |

Total number of documents: ____ Total dollar amount being claimed (up to \$150 per calendar year): \$____

Section D – Member Certification

I certify that the information on this form and all supporting documents are complete, accurate and unaltered.

| | |
|------------------------|-------------------|
| Subscriber's Signature | Date (mm/dd/yyyy) |
|------------------------|-------------------|