Harvard Pilgrim Health Care

BENTLEY UNIVERSITY

# 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 paid receipts (cash/check/credit/electronic) for fees clearly documenting your name and the weight management program name. Fees must equal or exceed 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.
- You must be active with coverage that includes the weight management program 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.

**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 subscriber and/or their dependents.
- Subscriber may receive weight management reimbursement only **once** per calendar year.

**What happens once I submit the Weight Management Reimbursement Form?**

- Reimbursement checks will be mailed and made payable to the subscriber only at the subscriber'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.

*Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.*

*Reimbursement program requirements are subject to change without notice.*



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# 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 accumulated 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 – Member 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 | |

## 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:** ____/____/_____ | | | | |

**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)



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