



Weight Management Reimbursement Form

Submit this form to be reimbursed up to \$100* after participating in at least eight weeks of a qualifying weight management program or four sessions with a registered dietitian or health coach certified by the National Board for Health & Wellness Coaching (NBHWC).

★ All fields listed below are required to process your reimbursement. ★

Member Information

CDPHP member ID: _____ Name: _____

Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Date of birth: _____

Please check which program you participated in:

Counseling with a registered dietitian Nutrisystem TOPS (Take Off Pounds Sensibly)

Medical provider-based program Optavia NBHWC Health Coaching

WW Digital and Studio Noom Other: _____

Jenny Craig

Program start date: _____ Program end date: _____

Member signature: _____ Total fees paid: _____

By signing this form, you are agreeing that you have fulfilled all weight management reimbursement criteria.

- ▶ Complete and mail this form, along with proof of payment and participation to:
 - » CDPHP Claims Dept.
 - P.O. Box 66602
 - Albany, NY 12206-6602
- ▶ Please allow 4-6 weeks for processing.
- ▶ For more information and a complete list of qualifying programs and exclusions, please visit: cdphp.com/weight-management

** This reimbursement is available once per member, per benefit period. Maximum reimbursement is \$75 for Federal plan members as well as some self-funded members. To confirm your reimbursement maximum, log in to your member account at member.cdphp.com, click on the Benefits & Treatment Costs tab, select Medical Benefits, and type "weight management" in the search box; or call the number on your member ID card.*

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。