

WEIGHT WATCHERS REIMBURSEMENT FORM

TUFTS  Health Plan
Medicare Preferred

The Benefit

Upon completion of the traditional Weight Watchers program, Tufts Health Plan Medicare Preferred will reimburse the entire program fee.

How To Get The Reimbursement

Complete this form and mail it with your Weight Watchers program paid receipt to:

Tufts Health Plan Medicare Preferred
P.O. Box 9183
Watertown, MA 02471-9183

Section 1: Member Information

Member Name: _____

Tufts Health Plan Medicare Preferred Member ID #: _____ Telephone: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Section 2: Have Your Weight Watchers Instructor Fill Out This Section At The Last Class

Member's First Meeting Date: _____ Member's Last Meeting Date: _____

Member's Class Location: _____

Member has completed _____ weeks in the Weight Watchers program at a cost of \$ _____

I certify that the information in Section 2 is correct: _____

Weight Watchers Staff Signature

For More Information

If you have any questions, call Tufts Health Plan Medicare Preferred Customer Relations at:

1-800-701-9000 (TTY 1-800-208-9562)

Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 15 – February 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.