

This form is used to request the \$150* Weight Management reimbursement offered by Tufts Medicare Preferred HMO. This benefit will cover up to \$150 toward program fees for weight loss programs including Weight Watchers®, Jenny Craig®, 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 is being submitted by an Authorized Representative, please complete and include the Tufts Health Plan *Appointment of Personal Representative (AOR) Form*, or any legal documentation verifying personal representation, with your request. We require verification of the authority of a Personal Representative before the request can be processed. You can find the AOR Form on our website at thpmp.org/tmp-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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instructions



Please mail this completed form and Weight Management program paid receipt to:

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

For more information:

Call Customer Relations at
1-800-701-9000 (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).