## CDPHP Weight Management Reimbursement Form

**Eligible members can be reimbursed up to \$75 per benefit year** for participating in at least eight weeks of a qualified weight management program, or at least four visits with a registered dietitian. For a complete list of qualified programs, visit **www.cdphp.com/weight-management**.

See your plan contract or call member services at the number on your ID card to confirm that this benefit applies to your plan.

Member Name:	Date of Birth:		
Member ID #:	Phone Number:		
PROGRAM NAME (registered dietitian, medical provider-based program, WW Dig	gital, etc.)	DATES OF CLASSES/VISITS	TOTAL FEES PAID*
	TOTAL		

Reimbursement will be made to the subscriber and sent to the address on file.

## **CERTIFICATION AND AUTHORIZATION**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature	Date Signed

Please mail this form, and proof of payment to:

CDPHP P.O. Box 66602 Albany, NY 12206

## **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)。

CP<sub>HP</sub>®

<sup>\*</sup>Acceptable proofs of payment include a copy of a bill from facility showing fee(s) paid or a credit card statement. Documentation must include: member name, date(s) of class, facility name, and amount paid. If any information is missing, please write it on the proof of payment yourself and sign your name.