



Weight Management Reimbursement Form

Participate in a weight management program and receive a reimbursement of up to \$75!

How to qualify for reimbursement:

- ▶ Participate in and pay for a qualifying program* for a minimum of 8 weeks.
- ▶ 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.
- ▶ Qualifying programs* include: Counseling with a registered dietitian, medical provider-based programs, WW, TOPS (Take Off Pounds Sensibly), Champlain Valley Physicians Hospital Next Steps, Ciccotti Center Next Steps, and Ciccotti Center Kids on the Move. For a complete list of qualifying programs and exclusions, please visit: www.cdphp.com/weight-management

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

Member Information

CDPHP member ID:	Name:	
<hr/>		
Email address:		
<hr/>		
Address:		
<hr/>		
City:	State:	ZIP:
<hr/>		
Phone number:	Date of birth:	
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Please check which program you participated in:

<input type="checkbox"/> Counseling with a registered dietitian	<input type="checkbox"/> Champlain Valley Physicians Hospital Next Steps	<input type="checkbox"/> TOPS (Take Off Pounds Sensibly)
<input type="checkbox"/> Medical provider-based program	<input type="checkbox"/> Ciccotti Center Next Steps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> WW Digital and Studio	<input type="checkbox"/> Ciccotti Center Kids on the Move	

Program start date: _____	Program end date: _____
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* This reimbursement is available once per member, per benefit period. Consult your contract for eligibility information.

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）。