Harvard Pilgrim Health Care

Harvard Pilgrim Weight Management Reimbursement Form

To be filled out by Harvard Pilgrim Health Care **SUBSCRIBER** only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you enroll in a Harvard Pilgrim plan that includes the Weight Management Program Reimbursement benefit
- After you are a member of an approved weight management program
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts
- Once all sections on the form have been completed and signed by the subscriber

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Weight Management Program Information *(List all programs that you are submitting for on behalf of you and/or your dependents, including the qualifying months.)*

ATTACH DOCUMENTATION

Calendar Year **from:** mm/dd/yyyy **to:** mm/dd/yyyy	**Type of Program**	**City, State**	**Phone Number** (area code) xxx-xxxx	**$ Amount being claimed**
from: ____/____/____ **to:** ____/____/_____				
from: ____/____/____ **to:** ____/____/_____				
from: ____/____/____ **to:** ____/____/_____				

Total number of documents: _____ Total dollar amount being claimed: **$**_____

Section D – Member Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I will attempt, in good faith, to regularly attend my weight management program and utilize membership for which I am being reimbursed.

Subscriber's Signature Date (mm/dd/yyyy)