



The insurance your health deserves.

Adolescent Weight Management Reimbursement Program

Patient Name _____ Member ID # _____

Current Address _____

To be eligible for the Weight Loss Incentive Program, you must have group medical coverage. Indigo Individual™ members are not eligible for financial reimbursement. Please contact Customer Service with any questions regarding participation.

Program Details

Name of Program _____

Referring Physician _____

Starting Date _____ Starting Weight _____ Height _____

Ending Date _____ Ending Weight _____ Height _____

Patient will be reimbursed for the cost of the program upon receipt of the following information:

- Copy of paid receipt
- Documentation of program completion

PHP will not reimburse for educational materials, nutritional supplements, etc.

Program Representative Signature _____ Date _____

Patient Signature _____ Date _____

Please forward this form along with the required receipt and documentation to:

**PHP, Attn: Medical Management
8101 West Jefferson Blvd.
Fort Wayne, IN 46808**