



The insurance your health deserves.

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PHP Weight Loss Incentive Program

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 at (260) 432-6690 ext 11 with any questions or for restrictions regarding participation.

PHP ID #	MEMBER NAME		
Phone #	E-mail	Date of Birth	
Have you had or planning to have bariatric surgery? If yes, when?			Yes No
Have you had or planning to have any surgeries such as but not limited to breast reduction, liposuction, liposculpture, panniculectomy, gynecomastia, skin excess removal, etc? If yes, when?			Yes No
If female, are you currently pregnant or have recently given birth? If yes, date of delivery?			Yes No
I certify that the above information is accurate to the best of my knowledge. (Member must inform PHP of any changes in the information provided above throughout the duration of this program.)		Member's Signature	

Step 1: Program Enrollment (Starting Weight)

To enroll in this program, take this form to your physician to complete Step 1. Your physician's office must fax or mail this form to PHP within 90 days after your physician's visit documenting your current weight.

Current Weight	Current Height	PRINT PHYSICIAN NAME	
BMI (Must be at least 27 to participate)	PHYSICIAN SIGNATURE	DATE	

FOR PHP USE ONLY

Date Processed	Auth Number	Target Weight
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Step 2: Initial Incentive Goal (1st Incentive Weight)

After you lose at least 10% of your starting weight (listed in Step 1), take this form to your physician to complete Step 2. Your physician's office must fax or mail this form to PHP within 90 days after your physician's visit documenting your 1st incentive weight.

Current Weight	PRINT PHYSICIAN NAME	
BMI	PHYSICIAN SIGNATURE	DATE

Step 3: Final Weight Loss Incentive (2nd Incentive Weight)

If after one year from date in Step 2, your weight is equal to or less than 1st Incentive Weight (listed in Step 2), take this form to your physician to complete Step 3. Your physician's office must fax or mail this form to PHP within 90 days after your physician's visit documenting your 2nd incentive weight.

Current Weight	PRINT PHYSICIAN NAME	
BMI	PHYSICIAN SIGNATURE	DATE