CarePartners of Connecticut MEDICARE ADVANTAGE

2024 Weight Management Program Reimbursement Form

This form is used to request the $150* Weight Management Reimbursement offered by CarePartners of Connecticut HMO plans. This benefit will cover up to $150 toward program fees for weight loss programs including Weight Watchers®, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies. **Reimbursement requests must be received by March 31 of the following year.**

If a Member Reimbursement Form is being submitted by an Authorized Representative, please complete and include the *Appointment of Representative (AOR) Form*, or any legal documentation verifying personal representation, with your request. We require verification of the authority of an Authorized Representative before the request can be processed. You can find the AOR Form on our website at **carepartnersct.com/aor**.

☐ **I am completing this form as an Authorized Representative to the subscriber.**

Member Information

First name | M.I. | Last name

Date of birth | Member ID number

Instructions

Please mail this completed form and Weight Management program paid receipt to:

CarePartners of Connecticut, Inc.
Member Reimbursement
P.O. 518
Canton, MA 02021-0518

For more information:

Call Member Services at
1-888-341-1507 (TTY: 711)
8 a.m.–8 p.m., 7 days a week
(Mon.–Fri. from Apr. 1–Sept. 30).

*$150 is the total reimbursement amount each year (January 1–December 31).