



ZOLL Medical Corporation - 911813

Wellness Program

Reimbursement Request - Weight Loss

Member ID Number:		
Employee Name:		
Address:		
Member Name:		
Relationship (check one):	Subscriber Dependent	
Weight Loss Program	Code S9449 \$	

All benefit payments will be sent to the subscriber's address on file. Reimbursement is limited to a maximum of \$150 per calendar year per family.

Certification and Authorization (this form must be signed and dated below)

I authorize the release of information to UnitedHealthcare about my health club and/or weight loss program membership. I certify the information provided is complete and correct and that I have not previously submitted for reimbursement of these expenses.

Subscriber/Member		
Signature	Date	

Submit this completed form with receipts to: UnitedHealthcare PO Box 740800

Atlanta, GA. 30374

FOR INTERNAL USE ONLY:

- Members may receive up to \$150 reimbursement per family per calendar year for Weight Loss Program.
- Use place of service HM, procedure code S9449 and diagnosis code V70.0.
- Use override code 09
- Documentation is required on the BCI Screen to include amount paid and member(s) involved.
- PLEASE NOTE: Be sure to use dates from member receipt and/or documentation from the Weight Loss Program.
- Club to determine date(s) of service, NOT THE DATE CLAIMS TRANSMITTAL IS SIGNED/SUBMITTED
- Provider TAXID # is not available





What Kind of Weight Loss Programs Qualify?

The Weight Watchers Traditional, Weight Watchers at Work programs, Weight Watchers Online and hospital-based weight loss programs offered by and held at licensed hospitals qualify for reimbursement. The Weight Loss Benefit does not cover individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of a qualified program's course fees.

Reimbursement Process – Carefully Review!

- Do not submit this form more than once per calendar year
- Do not submit this form until you have accrued \$150 in expenses or the maximum up to \$150 for this calendar year
- All benefit payments will be sent to the subscriber's address on file
- Reimbursement is limited to a maximum of \$150 per calendar year per family
- This completed form and proof of payment and membership must be submitted by March 31st for the prior calendar year's reimbursement
- Submit this completed form with proof of payment (such as: paid receipts, bank or credit card statements) and proof of membership