



CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-866-287-3286	Phone Number:
Phone Number: 1-866-635-7045	Total Pages: 2

Dear Provider,

We are pleased to inform you that your patient has successfully completed a Weight Management Program with our WellCare of Kentucky disease management team.

Our primary objective is to help improve our members' quality of life by educating and empowering them to adopt a healthier lifestyle. When they make behavioral changes, their chronic conditions can be more successfully managed. WellCare takes pride in helping people live healthier lives, and we understand it all starts with you, the primary care physician (PCP).

Completion of Weight Watchers® Outcome Form

Please complete the **DATE*** and **OUTCOME*** columns of the form below with the member's current outcome data. Once completed, please return to us via fax. It will help us track key measures like weight reduction, BMI, blood pressure, cholesterol and blood sugar in order to evaluate member outcomes and program effectiveness.

Members who successfully decrease their BMI by one point are eligible to enroll in an additional six month Weight Watchers Program. Therefore, we are asking for your help in assisting our members to continue to make these healthy lifestyle changes.

Thank you in advance for your assistance. Please do not hesitate to contact us for additional information about our program.

Again, we thank you for helping WellCare members live better, healthier lives.

Sincerely,
WellCare of Kentucky

PLEASE NOTE: At the time of enrollment, all HMO members sign a release of information form to grant the HMO access to their health care information.

To:

From:

Fax:

1-866-287-3286

Pages:

Phone:

Date:

Re:

Weight Watchers

cc:

Outcome form

MEMBER NAME: First Name Last Name Member ID#: Member ID DOB: Birth Date

Lab Data Requested: *Please complete DATE and OUTCOME columns

	Type	Date	Outcome
	Last PCP appointment		
	Height (inches)		
	Weight (lbs.)		
	BMI		
	Blood Pressure		
	Total Cholesterol		
	Fasting Blood Glucose		

Provider Comments (Optional):

**Care Management Department
WellCare
Phone: 1-866-635-7045
Fax Number: 1-866-287-3286
Monday–Friday, 8 a.m.–5 p.m. Eastern**

WellCare of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-389-9457** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-389-9457** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-389-9457** (TTY: **711**)。