Weight Watchers® Referral Form for TennCare Patients

How to determine if a TennCare patient is eligible to participate in this program:

1) TennCare patient must be currently enrolled with TennCare as the primary insurer. Medicare members are **not eligible** for Weight Watcher's® program under this program.

2) **Adult TennCare members 18 and older do not need a physician's referral if the adult has a BMI of 30 or more.** Just call Weight Watchers® at (800) 844-9292 or fax in this completed form to (501) 817-0725 to begin the membership process..

3) Adult patients with a BMI of less than 30 **will require** a physician's referral.

4) Children ages 10-17 years **will require** a physician's referral.

For more information call
(901) 388-1234
(800) 844-9292
(501) 817-0725 TennCare fax
or email us at:
info@wecountpoints.com

Patient signature not necessary to initiate application

Fax completed form to

Weight Watchers ®

TennCare Registration Referral Card

(Please print firmly with a ball point pen using CAPITAL letters)

Last Name:

First Name:

Zip Code | Phone: ( ) - -

Gender: Female Male | Date of Birth (MM/DD/YY) / / | Height: Ft In | BMI:

SSN: - -

Dr's Rx Required: Yes No

MCO: BlueCare BCBS | John Deere | PHP | TLC MMCC | UAHC OmniCare | Unison BHP

Member ID:

Effective Date: / / | Group Number:

Release

I want to become a member of Weight Watchers. I will in no way hold the organization responsible for any physical or mental condition that might occur because of my Weight Watchers membership. I agree to read the Health Notice and to abide by the current Membership Policies. (See the Welcome brochure.) (Parent must sign for member aged 10-16.)

I acknowledge receipt of and have read or will read the Maintenance Information notice included in my membership materials or referenced on the introductory brochure content page.

I understand that Weight Watchers gladly accepts my check as payment and, in the unlikely event that these funds are dishonored, Weight Watchers has the right to collect then electronically for the face value plus processing fee.

Release Signature: _____ Today's Date (MM/DD/YY) / /

DOCTOR'S OFFICE ONLY

1 0 0
Area #

.
Start Weight

Notes: _____

Registration Number will be assigned after Authorization is approved by Weight Watchers. 1.800.844.9292 Fax:501.817.0725

Dr: _____ (Name)

Phone: _____ (Number)

(501) 817-0725