

**CONFIDENTIAL**

<b>Date:</b>	
<b>To:</b>	<b>From:</b>
<b>Fax Number: 1-866-287-3286</b>	<b>Phone Number:</b>
<b>Phone Number:</b>	<b>Total Pages: 2</b>

Dear Provider,

We are pleased to inform you that your patient has successfully completed a Weight Management Program with our Missouri Care 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. Missouri Care takes pride in helping people live healthier lives, and we understand it all starts with you, the primary care physician (PCP).

**Completion of Curves Complete® 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 three month Curves Complete 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 Missouri Care members live better, healthier lives.

Sincerely,

Missouri Care

**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:

Curves Outcome form

cc:

**MEMBER NAME:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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