

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 Nebraska 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 of Nebraska takes pride in helping people live healthier lives, and we understand it all starts with you, the primary care physician/provider.

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 it to us via fax. It will help us track key measures like weight reduction, BMI, blood pressure, cholesterol and blood sugar to evaluate member outcomes and program effectiveness.

Members who decrease their BMI by one point may enroll in an additional six month Weight Watchers *PointsPlus*™ Program. We are asking for your help in assisting our members continue to make these healthy lifestyle changes.

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

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

Sincerely,
WellCare of Nebraska

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: _____ **Pages:** _____

1-866-287-3286

Phone: _____ **Date:** _____

Re: _____ **cc:** _____

Weight Watchers® Outcome form

MEMBER NAME: First Name _____ Last Name _____

Member ID#: _____ **DOB:** _____

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