

## HEALTH DIMENSIONS CLASS/WEIGHT WATCHERS REIMBURSEMENT FORM

Patient's Name: _____	Employee Name: _____				
Patient's Date of Birth: Month                      Day                      Year <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				Employee ID #: (Clock Number) _____	
Patient's Telephone Number: _____					
Relationship to Employee: <i>Self Spouse Child Other</i> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					

### Health Dimensions Class or Weight Watchers Information:

Class Name: \_\_\_\_\_

Class Location: \_\_\_\_\_

Signature of Class Leader \_\_\_\_\_ Percentage of Classes Attended: \_\_\_\_\_

Cost of Class: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Class Number: \_\_\_\_\_ Class Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Health Dimensions Class or Weight Watchers Reimbursement Directions

OhioHealth medical plans included a benefit for: 1) the weight watchers at work program; and 2) one qualified Health Dimensions class each quarter.

The Member pays for the class and then is reimbursed at 100% less \$20 co-pay **if they attend 100% of the classes.**

**Mail Form To:**  
**Central Benefits**  
**Attn: Technical Unit**  
**4079 Executive Parkway**  
**Westerville, Ohio 43081**

\* The benefit covers PROGRAM COSTS ONLY (not books, scales, meals, etc.)  
OhioHealth reserves the right to verify attendance and payment of services in the program before reimbursement of benefit.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**