



CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-813-464-8926	Phone Number:
Phone Number: 1-833-298-4301	Total Pages: 2

Dear Provider,

We are pleased to inform you that your patient is enrolled in our weight management program.

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 Health Plans of North Carolina takes pride in helping people live healthier lives, and we understand it all starts with you, their primary care physician (PCP).

WellCare Health Plans of North Carolina provides a six-month weight loss membership to members who meet the following program requirements:

- Must be at least 13 years old (Curves members must be at least 12 years old). Members under the age of 18 must be accompanied by an adult and obtain a doctor's note for participation.
- Must have their PCP complete a baseline form prior to enrollment that includes the member's current height, weight, BMI, blood pressure, total cholesterol, and fasting blood glucose within the last 12 months.
- Must have a BMI greater than or equal to 25 for adults 18 years or older. Members under the age of 18 must be ranked in 85th percentile.

Baseline Form

Please complete the attached baseline form before the member begins the program. This will help us track key measures such as weight loss, BMI, blood pressure, cholesterol, and blood sugar in order to evaluate member outcomes and program effectiveness. These key measures **must be from the past 12 months**. After the member completes the six-month weight loss program, we will request that you submit new outcome measures.

Members who successfully decrease their BMI by one point will be eligible to enroll in an additional six-month weight loss program.

Thank you in advance for your assistance and for helping WellCare Health Plans of North Carolina members live better, healthier lives.

Please do not hesitate to contact us for additional information about this program.

Sincerely,

WellCare Health Plans of North Carolina

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

To:	From:
Fax: 1-813-464-8926	Pages:
Phone: 1-833-298-4301	Date:
Re: Baseline Form	cc:

MEMBER NAME: _____ Member ID #: _____ DOB: _____

Lab Data Requested: Results must be within the past 12 months

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

Please select weight loss program: Curves Weight Watchers

Provider Comments (optional):

Care Management Department
WellCare Health Plans of North Carolina
Phone: 1-833-298-4301
Fax Number: 1-813-464-8926
Email Address: [SM_NC_CareCoordination](#)
Monday through Friday, 8 a.m. to 5 p.m., Eastern time