

CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-888-871-0596	Phone Number:
Phone Number:	Total Pages: 2

Dear Provider:

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 them 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 the primary care physician (PCP).

Completion of Curves Complete® Baseline/Outcome Form

Attached is a form with the member's baseline data. Please complete the **OUTCOME*** and **DATE*** columns of the form with the member's current outcome data. 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 will be eligible to enroll in an additional three month Curves Complete Program. Thus, we are asking for your help to assist our members in making these healthy lifestyle changes.

Thank you in advance for your assistance. Please don't hesitate to contact us for additional information about our program.

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:

1-888-871-0596

Pages:

Phone:

Date:

Re:

cc:

MEMBER NAME:

Member ID#:

DOB:

Lab Data Requested: *Please complete OUTCOME and DATE columns

Type	Date	Baseline	*Date	*Outcome
Last PCP appointment				
Height (inches)				
Weight (lbs.)				
BMI				
Blood Pressure				
Total Cholesterol				
Fasting Blood Glucose				

Provider Comments (Optional):

**Disease Management Department
Missouri Care
Phone: 1-877-393-3090
Fax Number: 1-888-871-0596
Monday–Friday, 8 a.m.–5 p.m.**