

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

Dear Provider:

Your patient has successfully completed a 6-month Weight Management program with our WellCare of Nebraska, Inc. 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 become more successfully managed. WellCare takes pride in helping people live healthier lives, and we understand it all starts with the primary care provider.

Completion of Weight Watchers 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 6-month Weight Watchers 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 Provider Services at **1-855-599-3811** Monday-Friday 7 a.m. – 8 p.m., Central Time for additional information about our program.

Sincerely,

WellCare of Nebraska, Inc.



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				
BMI Percentage				
Blood Pressure				
Total Cholesterol				
Fasting Blood Glucose				

Provider Comments (Optional):

**Disease Management Department
 WellCare of Nebraska, Inc.
 Phone: 1-877-393-3090
 Fax Number: 1-888-871-0596
 Monday–Friday, 8 a.m.–5 p.m., Central Time**