

****To the Physician****

Please fax to: Premera Blue Cross at (800) 866-4198

and Sound Health Connects at (206) 962-3155

Your patient cannot receive this benefit without your assistance in completing this form.



HEALTH CARE PLAN

Administered by



Group # 100010

1. Patient's Name (PRINT): Last	First	M.I.
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2. Premera Blue Cross Identification Number (found on your Premera Blue Cross ID card):	3. Patient's Date of Birth (m/d/yyyy):
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SELECTED WEIGHT MANAGEMENT PROGRAM (see attached list for approved facilities):
SOUND HEALTH CONNECTS

WEIGHT MANAGEMENT RECOMMENDATION FORM MUST BE COMPLETED BY PATIENT'S PRIMARY CARE OR REGULAR PHYSICIAN

4. Patient's:	Body Mass Index (BMI):	Weight:	Height:
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5. Patient is diagnosed with the following conditions (check all that apply):

<input type="checkbox"/> Congestive Heart Failure (428.0)	<input type="checkbox"/> Coronary Heart Disease (414, 429)
<input type="checkbox"/> Diabetes (250.00, 250.90)	<input type="checkbox"/> Hyperlipidemia (272.2)
<input type="checkbox"/> Hypertension (401.1)	<input type="checkbox"/> Depression (300.4)

The following cholesterol and glucose readings are required prior to enrollment in a weight management program. Please provide the results to the weight management provider:

HDL _____	Triglycerides _____	HDL/LDL Ratio _____
LDL _____	Total Cholesterol _____	Glucose _____

Physician: Please fax Premera Blue Cross Care Facilitation at (800) 866-4198 with the patient eligibility information requested above. Your patient cannot receive this benefit without your assistance in completing this form.

I know of no reason why this patient cannot participate in this program.

PROVIDER SIGNATURE: _____	DATE (m/d/yyyy): _____
PROVIDER NAME (printed): _____	
PROVIDER FAX NUMBER: _____	PROVIDER PHONE NUMBER: _____

Benefit Advisory is valid for 90 days

PROCEDURES FOR OBTAINING RECOMMENDATION

Eligibility Requirements: Microsoft employees enrolled in a Premera Blue Cross or Group Health Cooperative option under Microsoft's medical plan and their covered spouse/same sex domestic partner are eligible for the weight management program benefit if they meet the following criteria:

- Diagnosed as obese {commonly Body Mass Index (BMI) \geq 30} **OR**
 Overweight with a BMI \geq 27, and diagnosed with two or more of the following conditions:
- | | | |
|----------------|----------------------------|--------------------------|
| - Hypertension | - Congestive Heart Failure | - Coronary Heart Disease |
| - Diabetes | - Hyperlipidemia | - Depression |

Patient Instructions:

1. Have your primary care or regular physician complete this form. **Note:** Required lab work to confirm cholesterol and glucose readings may also be requested from your physician at this time.
2. Your physician must fax Premera Blue Cross at (800) 866-4198 with the information requested above. A confirmation of approval will be faxed to the physician.
3. Your physician should contact you to inform you of your approval into the program. If you do not hear from your physician within seven business days, please contact your physician or Premera directly.
4. Take this completed form to one of the approved obesity management providers listed below.
5. Weight Management providers are recommended to call Premera at (800) 676-1411 to confirm your eligibility for Microsoft benefits.

NOTICE: The information on this document contains confidential information intended only for the individual named above and Premera Blue Cross. If the reader of this document is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the document is strictly prohibited. If you have received this document in error, please notify us immediately by telephone at (800) 676-1411.