



## **WW (Weight Watchers<sup>®</sup> Reimagined) Verification Form / Reimbursement Guidelines**

INTEGRIS Health will reimburse all caregivers and covered spouses for 100% of the cost of the WW Workshop (meetings) option and Digital (online) option, when enrolled with the INTEGRIS Health group. To qualify for the reimbursement, members must meet the following guidelines.

### **Workshops (meetings) options –**

- **Attend 80% of the workshops in a 12-week period.**
  - If attending off-site or virtual meetings make a copy of your Weight Record, “white-out” your weight.
  - Fill out and submit the reimbursement request.
  - Submit a copy of your billing history, which can be found on your WW account.

### **Digital (online) option –**

- If you will be using the WW app, you can access a calendar of when you reached your healthy eating zone (a range within your daily points) the day will be covered in a blue circle. So, if you are tracking and eating healthy it will fill up with a blue dot. You can swipe between months as well. You can access it by clicking the Wellness Wins tab (looks like a gift) on the app. **The goal is that you would receive a blue dot 80% of the time.**
  - Fill out and submit the reimbursement request.
  - Submit a copy of your billing history, which can be found on your WW account.

### **Contact Information:**

Caregiver Wellness

[Employee.Wellness@integrisok.com](mailto:Employee.Wellness@integrisok.com)

Interoffice: 001.7063

Fax: 405.552.8729

Mail: 5501 N. Portland Ave.

Box A-13

OKC, OK 73112

**See Reimbursement Form on the following page:**



## WW (Weight Watchers® Reimagined) Verification / Reimbursement Form

Submit after **each three months of participation** (no more than 3 months will be requested for reimbursement). Reimbursement must be submitted **within 21 days after the final charge being submitted for reimbursement, if not a reimbursement will not be requested** (please refer to your WW Billing History on your WW account). Read instructions below carefully.

Today's Date: \_\_\_\_\_ If spouse's reimbursement, spouse's birthdate \_\_\_\_\_

Caregiver/Spouse's Name: \_\_\_\_\_

Caregiver ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Expenses (Check one):

\_\_\_\_\_ WW Workshops + Digital Plan      3 Billing History charge **dates** to be reimbursed.

\_\_\_\_\_ WW Digital Plan      \_\_\_\_\_

\_\_\_\_\_ WW for Diabetes plan

*I certify that these expenses are correct and were incurred by me/spouse on behalf of INTEGRIS Health.*

Caregiver Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of payment can be obtained by retrieving your Billing History on your WW account.**

**If you are participating in the Digital plan**, you must submit 3 months of your blue dot calendar and **proof of payment** for reimbursement.

**If you are participating in the Workshops plan**, you must submit your Weight Record, "white-out" your weight

**WW for Diabetes** participants must submit copies of at least two email confirmations of phone calls with your Certified Diabetes Educator. WW will send email confirmation when a call is scheduled.

**Please see following page:**

**Submit the reimbursement form, blue dot calendar, and proof of payment (WW Billing History) to one of the following:**

Caregiver Wellness

5501 N. Portland Ave.

Caregiver Wellness: Box A-13

Oklahoma City, OK 73112

Email:

[Employee.Wellness@integrisok.com](mailto:Employee.Wellness@integrisok.com)

Fax:

405.552.8729

Employee Wellness

Inter-office #001-7063

**Retain a copy for your records.**