



WW (Weight Watchers[®] Reimagined) Verification Form / Reimbursement Guidelines

INTEGRIS Health will reimburse all caregivers and covered spouses for 100% of the cost of the WW Digital plan, Workshop + Digital plan and WW for Diabetes plan. To qualify for the reimbursement, members must meet the following guidelines.

For All Plans –

- On the WW app, you can access a calendar that will show you when you reached your healthy eating zone (a range within your daily points). This will be represented as a blue circle. So, if you are tracking and eating healthy it will fill up with a blue dots. You can swipe between months as well. You can access it by clicking the journey tab 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:

Mikka Mattox

Mikka.Mattox@integrisok.com

Interoffice: 001.7063

Fax: 405.552.8729

Mail: 5501 N. Portland Ave.

Caregiver Wellness: 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 or Workshops + Digital plan, you must submit 3 months of your blue dot calendar and proof of payment for reimbursement.

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:

Mikka Mattox
5501 N. Portland Ave.
Caregiver Wellness: Box A-13
Oklahoma City, OK 73112

Email:

Mikka.Mattox@integrisok.com

Fax:

405.552.8729

Mikka Mattox
Inter-office #001-7063

Retain a copy for your records.