



Your Extended Family.

Molina Healthcare of Mississippi
WEIGHT WATCHERS® REFERRAL FORM

FAX FORM TO: 1-844-206-0435 or
Email us at MHMS_CM_Referrals@MolinaHealthcare.com

Eligibility Criteria:

- Actively enrolled with Molina Healthcare of Mississippi- MSCAN
Members 18 years and older and have a BMI of >=27
Members between the ages of 15-17 must be >=95th percentile in weight
Members cannot be pregnant at the time of referral
Members cannot have an active diagnosis of anorexia and/or bulimia

PCP Information

Date: _____

Provider Name: _____ Phone Number: _____

Clinic Name: _____

Member Information

Name: _____ DOB: _____ AGE: _____

Current Mailing Address: _____

Current Telephone Number: _____

Does the patient/member have any of the following medical conditions?

- Asthma, Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Diabetes, Hypertension, Obesity, Prediabetes, Other: _____
Patient/member does not have any of the above conditions.

Recent Medical Information

Current Height: _____ Current Weight: _____ Current BMI: _____

Current Blood Pressure: _____ / _____ HbA1C: _____

PCP or Pediatrician must sign and date below approving enrollment into the Weight Watchers®.

Signature: _____ Date: _____

For Molina Staff Only - Please check if this form is being completed by a CMP, CC, or CM.

If you experience issues making referrals to Weight Watchers®, please call Molina Healthcare of Mississippi Care Management program at: 1-844-809-8438, TTY/TDD 711. This referral form can also be accessed on our Provider Portal by visiting: https://www.molinahealthcare.com/providers/ms/medicaid