

FAX FORM TO: (800) 767-7188 or MHWDiseaseManagement@Molinahealthcare.com

REFERRAL FOR WEIGHT WATCHERS® PROGRAM

Eligibility Criteria

- Molina Healthcare of Washington Medicaid
- 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

• Members cannot have an active diagnosis of anorexia and/or building	
PCP Information	Date:
Name of Referring Provider:	Phone Number:
Clinic Name:	Fax Number:
Patient Information	
Patient Name:	DOB: AGE:
Patient's Current Mailing Address:	
Patient's Current Telephone Number:	
Relevant Medical Information	
Patient's current height: Patient's current weight: Patient's current BMI:	
Is your patient physically able to exercise? Yes No	
Does your patient have any of the following medical conditions?	
□ Asthma □ I	Hypertension
	Obesity
	Prediabetes
, ,	Other:
MEMBER HAS COMPLETED ALL HEDIS MEASURES: ☐ YES ☐ NO (if "NO", please help your patient obtain these)	
If your Molina Medicaid patient is 18+ with a co-morbid condition, or is between the ages of 15-17, a PCP or Pediatrician <u>must</u> sign and date below approving enrollment into the Weight Watchers [®] program: Date:	

If you experience issues referring your patient to Weight Watchers, please call Molina Healthcare in Washington Disease

Management and Prevention program at: 888-562-5442, ext. 142057. This referral form can also be accessed on our Provider Portal
by selecting: http://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx

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