******To the Physician******

Please fax Premera Blue Cross at (800) 866-4198 with the patient's BMI and related conditions requested below.
Your patient cannot receive this benefit without your assistance in completing this form.

Microsoft HEALTH CARE PLAN Administered by PREMERA BLUE CROSS

1. Patient's Name (PRINT): Last First M.I.

2. Premera Blue Cross Identification Number (found on your Premera Blue Cross ID card):

3. Patient's Date of Birth (m/d/yyyy):

SELECTED WEIGHT MANAGEMENT PROGRAM (see attached list for approved facilities):
Sound Medical Weight Loss

WEIGHT MANAGEMENT RECOMMENDATION FORM

MUST BE COMPLETED BY PATIENT'S PRIMARY CARE OR REGULAR PHYSICIAN

4. Patient's: Body Mass Index (BMI): Weight: Height:

5. Patient is diagnosed with the following conditions (check all that apply):

- ☐ Congestive Heart Failure (428.0)
- ☐ Coronary Heart Disease (414, 429)
- ☐ Diabetes (250.00, 250.90)
- ☐ Hyperlipidemia (272.2)
- ☐ Hypertension (401.1)
- ☐ 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) ≥30} **OR**
Overweight with a BMI ≥ 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.

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