



Member Letter of Commitment for MGHP Medical Weight Management Program

I agree, if approved by Meridian Health Plan, to participate in the 26-week Medical Weight Management Program at Mercy General Health Partners (MGHP). This program will be paid for by Meridian Health Plan.

I agree to my responsibilities as described below. I also understand that if I do not fulfill the responsibilities listed below, I will be dismissed from the Weight Management Program.

If I am dismissed from the MGHP program, I understand I do not qualify for any other weight program of this type.

Member's Responsibilities:

1. I will attend my weekly group classes.
2. I will attend my weekly visit with the Nurse Practitioner.
3. I will drink at least 64 ounces of water per day. (Eight 8 oz. glasses of water per day.)
4. I will keep an exercise log and work up to at least 20 minutes of exercise a day. I will utilize the gym at MGHP HEART center, whenever possible.
5. I will lose on an average at least one pound each week.
6. I will notify MHP if my health changes so that I can not attend the program.
7. I understand that my participation with MGHP Weight Management Program is to teach me healthy eating and exercise habits and will be completed in 26 weeks.

I understand that this is a one time offer. If I do not successfully meet the criteria listed above, I will be dismissed from the program and MHP will no longer pay for these services.

Member Signature

Date

PCP Signature

Date:		Medicaid ID#:		
Member Name:		Physician Name:		
Age:	Waist Measurement: (inches)	Height:	Weight:	BMI:
LDL:	HbA1c:	Blood Pressure:	Systolic:	Diastolic:
Date:	Date:	Date:		

Please complete the above form and fax to 313-463-5261. If you have any questions regarding the commitment letter or MHP's Weight Management Program, please call 313-324-3700 x2030.