



From: Health Programs Department
To: Alliance Physicians
Re: **Weight Watchers Scholarship Program**

Background

The Alliance Weight Watchers Scholarship Program has a limited number of scholarships available to provide vouchers for eligible members to attend Weight Watchers. Members with significant obesity-related morbidity and a commitment to sustained lifestyle change will be the highest priority.

Eligibility

- Only members with Alliance as their primary insurance are eligible for the scholarship. Please note that weight management is not an Alliance benefit or Medi-Cal benefit guaranteed to all members.
- Members must have a BMI 30 or above.
- Members must demonstrate motivation to participate fully in this self-directed program.
- Weight Watchers does not accept patients with anorexia/bulimia, or pregnant women.
- In general, the Alliance requires candidates to be at least 15 years old to participate in the scholarship program, but will consider younger candidates on a case by case basis. Children under 17 years old must have a doctor's letter stating their weight goal.

Referral Process

- Primary care physicians may recommend members for the Weight Watchers scholarship by faxing the application form to the Alliance.
- The physician agrees to follow the patient for medical supervision of weight loss.

For more information, please call the Alliance Health Education Line at
1-800-700-3874 x5580.



WEIGHT WATCHERS SCHOLARSHIP APPLICATION

To be completed by physician

FAX to (831) 430-5852
ATTN: Health Education Coordinator I
Phone: (800) 700-3874 ext. 5580

Patient Name: _____ Phone: _____

Alliance Member #: _____ DOB: _____

Weight: _____ Height: _____

For Alliance Use:
BMI _____

Co-morbidities:

___ Depression ___ Hypertension ___/___ (Level) ___ Type 2 Diabetes ___ (Last A1C level)
___ Sleep Apnea ___ Asthma ___ Prediabetes ___ High Cholesterol ___ (Level)

Other co-morbidities: _____

Comments: _____

Please Note: *Only members with Alliance as their primary insurance are eligible for the scholarship.*

Referring Physician must initial each item below to indicate understanding and consent.

___ I recommend the above Alliance member for a Weight Watchers scholarship under the program. I believe this patient will benefit substantially from the ongoing education and support provided by Weight Watchers.

___ I understand that Weight Watchers provides no medical management or individual supervision by a Registered Dietician.

___ I agree to follow this patient for the medical management of their weight loss.

___ I understand that weight management is not an Alliance or Medi-Cal benefit and that not all recommended patients may receive a scholarship.

Physician Name (**please print**) & Signature

Date

Practice Name & Location

Phone & Fax Number