

Healthy Weight for Life Referral Form



Instructions:

- Please print clearly.
- Use this form to refer eligible **Alliance children ages 2-18** whose BMI is \geq **85th** percentile.
- Payment is subject to member eligibility; please verify current eligibility prior to providing services.

Note: Providers receive \$25 for an initial referral form and \$50 for a follow-up form received 6-12 months later. Payments are per approved form, per linked member, per year.

- **Fill out the referral form completely and make sure that the required data is provided (denoted by asterisks **).**
- Incomplete forms will not be processed.
- Providers must submit all fee-for-service incentive forms within 21 business days from the date of service.
- Please review, reinforce, and modify as necessary the *“Healthy Weight for Life ~ Rx”* form and give a copy to the patient.
- Fax this completed referral form to: **1 (877) 793-8504**.

Provider name: _____ Practice NPI**: _____ Rendering Provider NPI: _____

Provider phone #: _____ Fax #: _____

Patient name: _____ Alliance ID #**: _____

Patient phone #: _____ Date of birth: _____ Gender: Male Female

Does the patient have any of the following comorbidities?

- Pre-diabetes Diabetes \geq 3 BMI percentile point increase within the last 6 months
- Sleep apnea Other risk factors: _____

Body Mass Index (BMI) Assessment:

	Date of Service **	Age at Time of Measurement	Height in Inches **	Weight in Pounds**	(BMI) Value**	BMI Percentile** <i>Exact BMI Percentile Only</i>
Initial Assessment						
6-Month Follow-up Reading						
12-Month Follow-up Reading						

* To Calculate BMI data please use the CDC’s Child and Teen Calculator: <https://nccd.cdc.gov/dnpabmi/Calculator.aspx>

** Note: Form must have these minimum data requirements in order to be approved.

The following areas were covered during today’s visit: (Please check all that apply)

- I have counseled the patient regarding **healthy food choices** and portion sizes
- I have counseled the patient regarding regular **physical activity**
- I have counseled the patient regarding the Alliance’s *Healthy Weight for Life* program
- I have given the patient the *“Healthy Weight for Life ~ Rx”* form

Physician/patient comments: _____

Provider signature: _____ Date signed: _____

Note: Please check the Provider Portal to verify receipt and approval/rejection of this form. If you have questions, please call

1 (800) 700-3874 ext. 5580.

Healthy Weight for Life ~ Rx

(Kev Pab Cia Lub Cev Hnyav Kom Haum Yuav Pab Tau Muaj Kev Noj Qab Nyob Zoo Mus Tag Tiam)



Neeg Mob Npe: _____ Hnubtim: _____

Koj tus kws kho mob mob siab txog koj txoj kev noj qab haus huv. Cov hom phiaj rau "5210 +" uas sau hauv qab no muaj cuab kav pab koj txoj kev noj qab haus huv ib hnub mentsis.

- 5** Noj txiv hmab txiv ntoo thiab zaub mov yam tsawg **5** yam tuaj ib hnub (cov yuav tshiab lossis khov txias yog cov zoo tshaj).
- 2** Txwv kev xyuas duab los ua **2** teev lossis tsawg dua tuaj ib hnub (xws li TV, video games, computers).
- 1** Tawm dagzog yam tsawg **1** teev tuaj ib hnub (xws li taug kev, caij tsheb kauj vab, ncaws npas, lossis lwm yam).
- 0** Haus **0** poom dej qab zib lossis lwm yam dej qab zib tuaj ib hnub (xws li kua tshuaj yej qab zib, khoom haus qab zib, lossis lwm yam).
- +** Pw kom txaus lossis ntau zog.

Tej zaum koj yuav npaj tsis txhij uas yuav los hloov txhua yam tib zaug. Cov kev hloov uas koj npaj txhij yuav los hloov tamsim no kom koj muaj kev noj qab haus huv yog cov twg?

- 5** Noj txiv hmab txiv ntoo thiab zaub mov yam tsawg kawg _____ yam tuaj **ib hnub**.
- 2** Txwv kev xyuas duab mus rau _____ teev lossis tsawg dua tuaj **ib hnub**.
- 1** Tawm dagzog yam tsawg kawg _____ feeb tuaj **ib hnub**.
- 0** Haus tsis pub tshaj _____ poom dej qab zib lossis lwm yam dej qab zib rau **ib**
- +** **asthiv**. Pw kom tau tsawg kawg _____ teev tuaj **ib hnub**.

Tus Neeg Mob lossis Niamtxiv/Tus Saib Xyuas Kos Npe: _____ Hnubtim: _____

Doctor/Health Care Provider Signature: _____ Date: _____

Please give a copy of this form to the patient and keep a copy in the patient's chart.
(Please do not fax this form to the Alliance).

Yog xav paub ntxiv txog lub Alliance txoj kev pabcuam **Healthy Weight for Life**, hu rau peb Phab Qhia Kev Noj Qab Haus Huv ntawm **1 (800) 700-3874 ext. 5580** lossis mus xyuas hauv [Internet ntawm www.ccah-alliance.org](http://Internet.ntawm.www.ccah-alliance.org) ces nias qhov uas sau tias "Cov Tswvcuab", ces nias qhov uas sau tias Cov Kev Pab Kom Noj Qab Haus Huv uas nyob sab laug.