



Reimbursement Request Form

UNIVERSITY OF ARKANSAS SYSTEM

UAS Weight Loss Program

Program Guidelines

Level III* Metabolic Weight Loss - Members who have a BMI of 30 or greater are eligible for reimbursement of the cost of non-surgical weight loss programs up to \$1,000 lifetime maximum. The member must be under the direction of a physician with documentation through a Physician Attestation Form, available at umr.com, or call 888-438-6105.

Coverage will be for instruction, education, weight monitoring, counseling and support. Initial and routine lab work is covered as provided within the benefit. Weight loss products and meal replacement shakes are not covered.

Participants must submit a monthly Reimbursement Request Form to UMR.

Section I. Member Information			
Full Name (LAST, FIRST, MI)		Member ID No.	Contact Phone No.
Street Address		City	State ZIP
CAMPUS of Employee (PLEASE CHECK ONE)			
<input type="checkbox"/> ASMSA	<input type="checkbox"/> CES	<input type="checkbox"/> UAF	<input type="checkbox"/> UACCB
<input type="checkbox"/> UALR	<input type="checkbox"/> UAM	<input type="checkbox"/> UAMS	<input type="checkbox"/> UAPB
<input type="checkbox"/> WRI	<input type="checkbox"/> PCCUA	<input type="checkbox"/> Other: _____	

Section II. Reimbursement Request	
<i>I am requesting reimbursement for the following attached receipt(s)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL	\$

Section III. Authorized Signature	
Signature of Employee/Covered Member	Date Signed (MM/DD/YYYY)
X	

IMPORTANT NOTE: This benefit is limited to eligible members of the UAS Health Plan administered by UMR and is contingent upon the member meeting specified requirements, including prior authorization by UMR Utilization Management.

Mail or UMR
 Fax to: PO Box 30541
 Salt Lake City, UT 84130-0541
 FAX: 877-293-4911, Attn: UAS Team
 PH: 888-438-6105

