

Weight Management Coverage Program for Health First Members



Please complete the following:

Member First & Last Name	
Allegiance Member ID Number	
Date of Service	
Charge	
Group Number	200400I
Tax ID Number	999999998 location 00I
Procedure Code/CPT	WGTLS
Procedure Description	Weight Management Coverage Program
Diagnosis Code	WEIGHT

Make Payment to Member

Invoice Submission:

Online www.AskAllegiance.com/Submissions/Health/Claim	Mail 2806 S. Garfield St. Missoula, MT 59806
---	--

For questions, please call 1-855-999-3892

Internal Use Only: Weight Loss Coverage Policy is paid at 50% up to \$250/family per calendar year as defined under the Weight Management Coverage Program in the Summary Plan Document. Service code WP will apply.