



Weight Management Coverage Program for Health First Members

Member First and Last Name:

Allegiance Member ID#:

Date of Service:

Charge:

Group #: 2004001

Tax ID#: 999999998 location 001

Procedure Code/CPT: WGTLS

Procedure Description: Weight Management Coverage Program

Diagnosis Code: WEIGHT

Make payment to member

Submit invoice online at <https://www.askallegiance.com/Submissions/Health/Claim> or mail to PO Box 3018 Missoula, MT 59808.

For questions please call 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.