

TREATMENT PLAN FORM

SUBMISSION INSTRUCTIONS:

Please submit this form on line at www.healthplus.org under Provider Resources.
 If you do not have on line access, you may fax a copy of this form to: (810) 496-8470,
 or mail a copy to: Health & Lifestyle Dept., HealthPlus of Michigan, 2050 S. Linden Road, Flint, MI 48532



The Plus makes all the difference.

Questions? Call 1-866-810-4540

SECTION 1 MEMBER INFORMATION (to be completed by member)

Member Name (Last) (First) DOB (MM-DD-YYYY) - -

Member Email Address HealthPlus ID # H -

The information I have supplied to my physician is complete and accurate. If applicable, I agree to follow my physician's recommended treatment plan.

Phone Number - -

Date (MM-DD-YYYY) - -

Member signature: _____ Date of Visit (MM-DD-YYYY) - -

SECTION 2 HEALTH INDICATORS (to be completed by physician)

Health data 12 months prior to the member's effective date may be used.

TOBACCO USER (Includes all forms of tobacco)	BODY MASS INDEX	BLOOD PRESSURE
Member Status (please check one) <input type="radio"/> A. Nonsmoker/nonuser <input type="radio"/> B. Commits to follow physician's treatment plan <input type="radio"/> Refer to HealthPlus Tobacco Cessation Coaching Program <input type="radio"/> Prescribe medication <input type="radio"/> Prescribe nicotine replacement therapy <input type="radio"/> Other: _____ <input type="radio"/> C. Does not agree to change behavior/pursue treatment. Member will be automatically moved to Base benefit level.	Member Status (please check one) <input type="radio"/> A. BMI ≤30 (except if pregnant) <input type="radio"/> B. Commits to follow physician's treatment plan <input type="radio"/> Refer to HealthPlus Weight Management Coaching Program <input type="radio"/> Recommend WeightWatchers or Jenny Craig <input type="radio"/> Recommend fitness/exercise program <input type="radio"/> Other: _____ <input type="radio"/> C. Does not agree to change behavior/pursue treatment. Member will be automatically moved to Base benefit level. BMI: <input type="text"/> <input type="text"/> . <input type="text"/> (Initial Visit)	Member Status (please check one) <input type="radio"/> A. Blood pressure <140/90 (<130/80 if member has diabetes) <input type="radio"/> B. Commits to follow physician's treatment plan <input type="radio"/> Refer to fitness/exercise program <input type="radio"/> Recommend healthy eating program <input type="radio"/> Prescribed medication <input type="radio"/> Other: _____ <input type="radio"/> C. Does not agree to change behavior/pursue treatment. Member will be automatically moved to Base benefit level. BP: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (Initial Visit)

SECTION 3 AFTER COMPLETING SECTION 2, PLEASE SIGN & SUBMIT THIS FORM ACCORDING TO THE SUBMISSION INSTRUCTIONS ABOVE.

Physician's Name (Last) (First) NPI#

Physician's Phone Number - -

Date (MM-DD-YYYY) - -

Signature: _____

Please submit this completed form to HealthPlus, give a copy to the member, and keep a copy for your records. Thank you. For billing purposes, use Billing code 99401.

SECTION 4 FOLLOW UP VISIT— If one or more health indicators in Section 2 is marked "B", member must follow-up with their physician to monitor progress within the 7th or 8th month of the benefit year.

TOBACCO USER (Includes all forms of tobacco)	BODY MASS INDEX	BLOOD PRESSURE
Member Status (please check one) <input type="radio"/> A. Follow-up was not required. <input type="radio"/> B. Has made progress since last visit. <input type="radio"/> C. Is not following treatment plan. Member will be automatically moved to Base benefit level.	Member Status (please check one) <input type="radio"/> A. Follow-up was not required. <input type="radio"/> B. Has made progress since last visit. <input type="radio"/> C. Is not following treatment plan. Member will be automatically moved to Base benefit level. BMI: <input type="text"/> <input type="text"/> . <input type="text"/> (Follow Up)	Member Status (please check one) <input type="radio"/> A. Follow-up was not required. <input type="radio"/> B. Has made progress since last visit. <input type="radio"/> C. Is not following treatment plan. Member will be automatically moved to Base benefit level. BP: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (Follow Up)

SECTION 5 AFTER COMPLETING SECTION 4, PLEASE SIGN & SUBMIT THIS FORM ACCORDING TO THE SUBMISSION INSTRUCTIONS ABOVE.

Physician's Name (Last) (First) NPI#

Physician's Phone Number - -

Date (MM-DD-YYYY) - -

Signature: _____

Please submit this completed form to HealthPlus, give a copy to the member, and keep a copy for your records. Thank you. For billing purposes, use Billing code 99401.

For optimum accuracy, characters should be written block style without touching the sides using a black or blue pen. All letters should be capitalized.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9
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