



777 Woodward Avenue, Suite 600  
 Detroit, Michigan 48226  
 313-324-3700  
 Provider Services: 888-773-2647  
 Member Services: 888-437-0606  
 www.hpmich.com

### Member Letter of Commitment for Healthyroads Weight Coaching Program

I agree, if approved by HPM, to participate in the Healthyroads Weight Coaching program, paid for by Health Plan of Michigan. I agree to my responsibilities as described below. **I also understand that if I do not fulfill the responsibilities listed below, I will be dismissed from this program.** I understand that this is a one-time offer.

#### MEMBER RESPONSIBILITIES

1. I will participate on the phone call at the scheduled date and time.
2. If I am unable to make the scheduled call, I will cancel at least 24 hours in advance.
3. If I miss two phone calls without re-scheduling, I understand that I will be dismissed from the program.
4. I understand that HPM **will not pay** for health and wellness products that Healthyroads may make available to all participants.
5. I understand that my participation with Healthyroads Weight coaching is designed to teach me healthy eating and exercise habits.
6. I understand that I need to demonstrate my ability to follow the healthy eating and exercise plan developed by the Healthyroads coach and myself. The goal is to have documented weight loss.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PCP Signature

Date:		Medicaid ID#:		
Member Name:		Physician Name:		
Age:	Waist Measurement: (inches)	Height:	Weight:	BMI:
LDL:	HbA1c:	Blood Pressure:	Systolic:	Diastolic:
Date:	Date:	Date:		

Please complete the above form and fax to 313-463-5261. If you have any questions regarding the commitment letter or HPM's Weight Management Program, please call 313-324-3700 ext. 2021