

# HEALTHCARE PROVIDER – REASONABLE ALTERNATIVE FORM

Larimer County 2019 Plan Year

## PURPOSE OF THIS FORM:

For Employees who did **not meet two of the five biometric values** required for the Wellness Rate, you still have the opportunity to qualify for the Wellness Rate by meeting with a Healthcare Provider at the Wellness Clinic to share your biometric values\* and discuss health goals and recommendations to help improve your health.

## TO EMPLOYEE:

Please complete the following steps to submit this form:

1. Complete a Biometric Screening by the established deadlines below. Screening must be completed through our mass screening events which will take place Feb 13-23, 2018, or through your personal Physician/Physician Assistant or at the Wellness Clinic and submitting a Biometric Screening Physician Form, by the deadlines below.
2. Meet with a healthcare provider at the Wellness Clinic. Make an appointment to see the P.A. or Nurse Practitioner at the Wellness Clinic (phone #: 970- 980-2425).
  - Take your 2018 biometric values to review and discuss health goals and recommendations
  - Tip: make this appointment as soon as possible to avoid missing the deadline.
3. Have the backside of this form completed by staff at the Wellness Clinic.
4. Return the completed form to Preventive Health Now by the deadline below (deadlines set by hire date).

## PLEASE NOTE:

There are additional requirements for earning the Wellness Rate. Please refer to the 2018 Wellness Program Guide or log onto the Viverae wellness portal to learn more and make sure you've completed required activities to be eligible for the 2019 Wellness Rate.

Eligibility Category	Biometric Screening Deadline	Reasonable Alternative Form Deadline
Employees hired by 1/15/2018	3/1/2018	9/1/2018
Employees hired between 1/16/2018 - 6/15/2018	8/1/2018	9/1/2018

**PREGNANT OR POST-PARTUM WOMEN:** Up to 3 months post-partum, please submit the Pregnancy Appeal form through Viverae to qualify for exemption.

FAX this form to Preventative Health Now, LLC, (720) 221-0708.  
Or SECURE UPLOAD at [www.incentivetracking.com/co/securedrop.aspx](http://www.incentivetracking.com/co/securedrop.aspx)

To confirm receipt of this form, you may contact Sue Kellogg at [sue@preventivehealthnow.com](mailto:sue@preventivehealthnow.com).

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## TO HEALTHCARE PROVIDER AT THE WELLNESS CLINIC\*:

Your patient is participating in Larimer County's voluntary employee wellness program. As a component of the program, they are asked to meet at least two of five biometric values\*, or as an alternative if they do not meet the values, share their biometric values with a healthcare provider at the Wellness Clinic, and discuss health goals and recommendations.

Please complete the part below:

I certify that I've met with this patient to review and discuss their biometric results.

Healthcare Provider Name (please print): \_\_\_\_\_

Credentials (Physician Assistant, Nurse Practitioner): \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*EMPLOYEE: Call (970) 980-2425 to schedule an appointment with a healthcare provider at the Wellness Clinic.

### EMPLOYEES COMPLETE THIS SECTION ONLY (PRINT)

First, Middle, Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### WELLNESS RATE BIOMETRIC CRITERIA (Employees Must Meet 2 out of 5 Criteria)

- BMI below 30
- Blood Pressure below 130/85mmHg
- Total Cholesterol below 200mg/dL
- Triglycerides below 150mg/dL
- Fasting Blood Glucose below 100mg/dL

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