

Program Alternative Waiver Application

If a member does not fall within the healthy range for a health metric and the completion of the Alternative Action is not recommended, a licensed medical professional may waive the Alternative Action in order for the member to receive credit for that health metric category.

Instructions for Waiver

- The Member Information section of the Program Alternative Waiver should be filled out by the member.
- The remainder of the form must be completed and signed by a licensed medical professional.
- Upon completion, the member or the licensed medical professional will submit the waiver by mail, fax, or internet upload (upload by member only):

SimplyWell

Attn: Screening Services Department

10670 N. Central Expwy., Suite 250

Dallas, TX 75231

Secure Fax: (855) 292-8662

Phone: (888) 848-3723

Upload to: connect.simplywell.com

Waiver Deadline

SimplyWell® must receive the completed waiver by: 8.02.2019

SimplyWell will evaluate the waiver to verify that all necessary information is complete. Approval or denial of the waiver will only apply to the applicable plan year. This process must be completed for each new wellness program year including resubmission of the Program Alternative Waiver form.

Program Alternative Waiver

Member Information (Please Print)

First Name	Middle Initial	Last Name	Gender (Male/Female)
Date of Birth (mm/dd/yyyy)		Email Address	Employer

By submitting, I verify that the information my representative or I have supplied is true and complete, and there has been no attempt made to knowingly provide any false, incomplete, or misleading information.

TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL:

By checking the applicable box, the licensed medical professional is recommending that the member not complete the Reasonable Alternative.

WAIVED CATEGORY Indicate by <input checked="" type="checkbox"/>	ALTERNATIVE ACTION	SIMPLYWELL USE ONLY
<input type="checkbox"/> BMI/Waist Circumference	Combination of online educational articles and videos specific to BMI / waist circumference and/or Health Coaching	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Total Cholesterol	Combination of online educational articles and videos specific to total cholesterol and/or Health Coaching	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Blood Pressure	Combination of online educational articles and videos specific to blood pressure and/or Health Coaching	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Glucose	Combination of online educational articles and videos specific to glucose and/or Health Coaching	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Tobacco Use (if applicable to member's health management program)	Combination of online educational articles and videos specific to tobacco cessation and/or Health Coaching	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Licensed Medical Professional Name (print):	Licensed Medical Professional Signature:
License Type/Number:	City/State:
Phone Number:	Today's Date:

Note: Forms submitted without the signature of a licensed medical professional will not be approved.

Appeal Review - SimplyWell Use Only:		
<input type="checkbox"/> Chief Clinical Officer	<input type="checkbox"/> Chief Medical Officer	Date:
Signature:		
Notes:		