

Physician Affidavit Form

Purpose: Document medical reason why it is inadvisable for participant to meet requirements to qualify for incentive tied to laboratory or biometric measure outcomes from Blueprint for Wellness screening. Physicians must complete this form and indicate the measure(s) for which the participant is medically excused from achieving in-range results.

NOTE: Please do not use this form to report laboratory or biometric results.

Step 1: Participant Completes and Signs

Name (Last, First, Middle Initial)	
Employee ID (Spouses: use Employee ID +S)	Date of Birth (MM/DD/YYYY)
Phone	Email address
Participant Signature	Date
<p>By signing this form, you verify the information you have supplied is true and complete. You acknowledge that you are requesting your physician to report laboratory and biometric results to Quest Diagnostics, The Healthy Life Team, Cigna and the Benefits Service Center for Your Blueprint for Wellness screening.</p>	

Step 2: Physician Confirms Engagement: working towards a measurable health improvement goal. Complete for any metrics listed that the patient has current goals set and is working toward.

Measurement	Target Range	Most Recent Value	Goal Set		Goal Progressed	
			Yes	No	Yes	No
Blood Pressure	<=120/80		Yes	No	Yes	No
BMI	<=30		Yes	No	Yes	No
Total Cholesterol	<=200		Yes	No	Yes	No
A1C	<=6		Yes	No	Yes	No

Step 3: Physician Signs and Submits

Physician's Signature		Date
Physician's Name (please print)	UPIN/NPI	Phone Number

Email or fax this form to the Benefits Service Center

Fax number: 1-866-597-2201

Portal: securemail-BSC.com

register or login /select compose/choose "Wellness Documents" to upload securely and email

