

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
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.	

Step 2: Physician Identifies Measures Participant is Excused From (check all that apply)

Measurement/Activity	Target Range	Medically Unreasonable to Comply?
Blood Pressure	Systolic: less than or equal to 120 Diastolic: less than or equal to 80	[<input type="checkbox"/>] YES receive passing credit
BMI		[<input type="checkbox"/>] YES receive passing credit
Total Cholesterol		[<input type="checkbox"/>] YES receive passing credit
A1-C		[<input type="checkbox"/>] YES receive passing credit

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

Email: securemail-BSC.com

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