

Physician Health Coaching Engagement Waiver

Purpose: Document member engagement with personal physician for required health coaching engagement.

Physicians must complete this form and indicate how member is working with physician to engage in his or her healthcare improvement plan or process.

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 health coaching engagement and health improvement plans to the Healthy Life Center, Benefits Service Center and Quest Diagnostics for biometric screening requirements.

Step 2: Physician Confirms Engagement: working towards a measurable health improvement goal

Weight 5% improvement	[<input type="checkbox"/>] YES receive passing credit
Set/Meet Health Condition/Rx Compliance Goal(s)	[<input type="checkbox"/>] YES receive passing credit
Set/Progress towards HealthCondition/Rx Compliance Goal(s)	[<input type="checkbox"/>] YES receive passing credit
Coaching call completion	[<input type="checkbox"/>] YES receive passing credit

Step 3: Physician Signs and Submits

Physician Office – All Information Listed Below Must Be Complete to Process		
Physician's Signature		
Physician's Name (please print)		
Date	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