Appeal Application

Disputed Results

You may dispute the results obtained from your employer-sponsored Biometric Screening and submit results demonstrating revised biometric values.

Evidentiary results must be dated no earlier than 10.01.2018 or within 30 days of completing a screening through your wellness program. If you are a newly eligible member, you must obtain your results no more than 60 days prior to your wellness eligibility date or 30 days after completing your employer-sponsored screening.

Instructions for Appeal

- The Member Information section of the Appeal Application form 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 form 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

Appeal Deadline

SimplyWell® must receive the Appeal Application form within 60 days of your Biometric Screening date. SimplyWell will evaluate the appeal and all supporting documentation. Any decision rendered will only apply to the applicable plan year. This process must be completed for each new wellness program year, including resubmission of an Appeal Application form.

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Disputed Result Appeal Application

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:

Complete information must be received for each appealed metric or the form cannot be processed. Results must be provided on this form.

APPEAL CATEGORY Indicate by ☒	PROGRAM HEALTH TARGET	REVISED RESULT	DATE OF REVISED TESTING (MM/DD/YYYY)
☐ BMI/Waist*	BMI < 25.0	Height:_____inches Weight:_____lbs.	
	Waist Measurement: ≤ 35 inches (females) ≤ 40 inches (males)	inches	
Triglycerides**	Re-test required if disputing Total Cholesterol	mg/dL	
HDL Cholesterol**	Re-test required if disputing Total Cholesterol	mg/dL	
☐ Total Cholesterol**	< 200 mg/dL	mg/dL	
☐ Blood Pressure	Systolic < 120 mmHg; Diastolic < 80 mmHg	mmHg mmHg	
☐ Glucose	Fasting: < 100 mg/dL	mg/dL	
	Non-fasting or Unknown: < 140 mg/dL	mg/dL	
☐ Tobacco Use	Negative Result (Blood- or urine-based nicotine test) or member actively trying to cease tobacco use through Nicotine Replacement Therapy (NRT)	☐ Negative Result ☐ Member Using NRT	

*If disputing BMI, height and weight will need to be provided.
**If disputing Triglycerides, Total Cholesterol and/or HDL Cholesterol, a complete lipid panel will need to be provided (including HDL Cholesterol, Total Cholesterol, and Triglycerides). All associated lipids results will be updated.

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:	
☐ Approved ☐ Denied	Date:
Notes:	

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