

# Program Appeal

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Eligible members who are medically unable to participate in their wellness program due to unique circumstances may have a licensed medical professional waive individual program components or the program in its entirety.

## Instructions for Appeal

- The Member Information section of the Program Appeal Application 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 licensed medical professional needs to 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](http://connect.simplywell.com)

## Appeal Deadline

SimplyWell® must receive the completed appeal form by: 8.02.2019

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



## Program Appeal

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:**

WAIVED INDIVIDUAL PROGRAM COMPONENT(S) OR ENTIRE PROGRAM Program may include by not limited to: Indicate by <input type="checkbox"/>	<i>Brief explanation of why the member cannot complete (REQUIRED)</i>	SIMPLYWELL USE ONLY
<input type="checkbox"/> Member Health Assessment (MHA) – consists of questions about specific lifestyle habits		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Biometric Screening		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Preventive Care Compliance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Program Education – combination of online educational videos and articles (may or may not include interaction with a Health Coach)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Program Activities – health challenge tracking, healthy event participation		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Tobacco Program – combination of online educational videos and articles related to tobacco cessation and/or interaction with a Health Coach		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Entire Program – the member is unable to participate in their wellness program at this time		<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:		