

Medical Waiver Follow-up Form

Member Instructions: If your physician has verified that it is either medically inadvisable or unreasonable for you to meet one or more of the health criteria required by Healthy Blue Outcomes, you must complete all of the following to remain in the Healthy Reward enhanced benefit level:

- Schedule a follow up visit with your doctor within 210 days of your benefit start date.
- Complete the member information below before your visit.
- Review the member health improvement plan (located on the back of the *Qualification Form*) with your physician.
- Have your physician document on this form whether you met the goals set in your member health improvement plan.
- Fax this form to Blue Cross Blue Shield of Michigan within 210 days of your benefit start date.

Extensions will not be granted.

Member last name	Member first name
Contract or enrollee ID number (example: ABC 123456789)	Group number (5 or 9 digit number)
Day telephone	Date of birth (MM/DD/YYYY)
Member signature	E-mail address

Physician instructions: Please indicate whether the patient met the goals established in their Health Improvement Plan

- Yes – Member met all expectations of their member health improvement plan
- No – Member did not meet all expectations in their member health improvement plan

Physician sign-off: I verify the information supplied is complete and accurate.

Physician last name	Physician first name	National provider identifier (NPI)
Physician signature	Physician telephone number	Date

Fax the completed form to 1-877-885-2596