LiveWELL
Work | Eat | Learn | Live
Celebrating 10 Years

2017 CHS LiveWELL Incentive

Healthy Weight Reward Exceptions

REQUIRED: **Employee ID#**
(Find six-digit ID# by your name on paycheck)

_____ _____ _____
Last Name (print legibly) **First Name** Middle Initial

Birth date: ___ mo/___day/____year **Best phone to reach you:** _____

Work Location & Department_____

I am enrolled in the following CHS LiveWELL Health Plan (circle one): Yes No

Instructions: Ask your Primary Care Provider or OB/GYN to complete the information below.

Healthy Weight Reward Exception

(To be completed by your medical provider)

- ☐ **Underweight:** This patient is under my care and following my recommendations
- ☐ **Pregnancy:** My patient is currently pregnant or breastfeeding and weight loss is not advised
  **Due to her pregnancy please also exempt my patient from the Know Your Numbers biometric tests (lipid panel & glucose) at this time*
- ☐ **Medical:** It is medically inadvisable for my patient to lose weight
- ☐ **Medical:** Due to the medical history of my patient, I consider their current weight to be healthy and I do not recommend weight loss

I am the Primary Care Provider or the OB/GYN for the CHS teammate named above:

Today's Date: _____ mo/_____day/_____year

Provider's Name (**printed):**_____

Provider's Signature: _____

Phone Number:_____ Practice Name/Location: _____

Deadline: This form must be received by CHS LiveWELL **no later than September 15, 2017.**
Fax the completed form before the deadline to CHS LiveWELL at **704.446.1635** or email to CHSLiveWELLRewards@CarolinasHealthCare.org.

Retain your completed copy of this form and your fax confirmation until your incentive reward is received.