



## ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)

### Instructions for patients and health care professionals



These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

#### **Activity-Based Physician-Recommended Alternative and Waiver form (Form A)**

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
- Examples of activity based programs include but are not limited to:
  - Participating in wellness programs, such as nutrition or exercise programs
  - Achieving activity-related goals, such as a 10,000 step challenge
  - Managing diet or physical activity

Refer to Form A for all activity-based goals

#### **Outcome-Based Physician-Recommended Alternative and Waiver form (Form B)**

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
- Examples of health outcomes programs include but are not limited to:
  - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
  - Manage weight by losing five to 10 percent of your current weight
  - Tobacco cessation

Refer to Form B for all outcome-based goals

#### **Patients**

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

#### **Physicians (or Licensed Medical Professionals)**

- Discuss with your patient the options for alternatives or waivers to achieving the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- If you are recommending an alternative, write in the alternative in the space provided.
- Select the goal for which the patient wishes to receive an alternative or waiver.
- Please complete, sign, and date the form.

#### **Using the "Other" category**

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form (such as a Zensey goal or a Center of Excellence goal), please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

#### **Please send the forms by mail or fax**

- Mail  
Cigna  
PO Box 3026  
Scranton, PA 18505
- Fax  
888.467.7281  
Enter on the fax cover sheet: "CONFIDENTIAL — Attention: Physician-Recommended Alternative and Waiver"

If you have questions about completing this form please call the number on your Cigna ID card.  
If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important. The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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