Blue Cross Blue Shield of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

BLUE CROSS BLUE SHIELD OF MICHIGAN

MEDICAL WAIVER REQUEST

PATIENT INFORMATION				
Patient's last name:	Patient's first name:	Age:	Gender: ❑ M ❑ F	Birth date: / /
Street address:				Home phone no.: ( )
City:	State:	ZIP Code:	Contract Number/Enrollee ID:	
Group Number:	Employer:			

If any of the following conditions apply to your patient, check the appropriate box. These members are exempt from meeting the clinical criteria or physical activity requirements as indicated.

❑ Patient in hospice (all requirements)
❑ Patient is pregnant (all requirements)
❑ Patient has muscular build (BMI only)

If the above conditions do not apply to your patient, continue:

If your patient is unable to meet the clinical criteria documented on the Qualification form or their physical activity requirements due to a medical condition, check the appropriate value(s) below. By signing this form you are verifying that it is medically inadvisable or unreasonable for the patient to achieve the health measure criteria or participate in the physical activity requirement.

❑ A1c	❑ Cholesterol (LDL)	❑ Nontobacco user
❑ BMI	❑ Cholesterol (Triglycerides)	❑ Walking program daily steps
❑ Blood pressure	❑ Cholesterol (Total)	❑ Waist circumference
❑ Cholesterol (HDL)	❑ Fasting blood sugar	

Indicate the medical reason for the waiver:

PHYSICIAN INFORMATION		
Physician Last Name:	Physician First Name:	NPI:
Physician Signature:	Date:	Phone number: ( )

MEMBER INSTRUCTIONS

1. When this form is complete, fax to 1-877-885-2596. The physician's office can fax the form to BCBSM, but it is your responsibility to confirm with the office that the fax was sent on time.
2. If a confirmation letter is not received within two weeks of faxing the waiver, please call BCBSM at 1-800-775-BLUE (2583).
3. Some patients are required to complete additional tasks (for example, digital health coaching) after returning a medical waiver. Please review your benefit packet to determine whether you have to complete any additional tasks.