



**City of North Myrtle Beach  
Wellness Incentive Plan  
Physician Reasonable Alternative  
Standard Request Form**

**Step 4**



Participant Name:	Participant Birthdate:
Phone number:	Email Address:

**Provider: Please attach additional documentation as necessary.**

<b>2023 Wellness Incentive Plan Goals</b>	<b>Check ALL Unmet Goals</b>	<b>Employee is compliant with current treatment plan, but Goal is Unmet. What are providers suggested changes to improve health outcome? If none, provide an acceptable reason why change is not advised.</b>	<b>Employee is currently non-compliant with treatment plan. Detail provider and employee plan to improve health outcome. Plan should include steps to resolve issues of non-compliance.</b>
BMI < 30 Or Meet Athletic Criteria	<input type="checkbox"/>		
Blood Pressure <120/80	<input type="checkbox"/>		
Blood Glucose < 100 Or HgbA1c < 5.7	<input type="checkbox"/>		
Total Cholesterol < 200 Or HDL >= 50	<input type="checkbox"/>		
Tobacco/ Nicotine Free	<input type="checkbox"/>		

<b>Employee Signature</b>		Date:
<b>Primary Care Provider Signature</b>		Date: