

# 2019 LiveWELL Incentives: Know Your Numbers Exception Form

## Employee ID# (Required)

(You can find your six-digit ID# by your name on your paycheck)

**DEADLINE:** This form must be received by LiveWELL by **the last day of Benefits Open Enrollment period in the fall of 2019.**

**Instructions:** Ask your medical provider or OB/GYN to email a scanned PDF to [LiveWELLRewards@AtriumHealth.org](mailto:LiveWELLRewards@AtriumHealth.org) (photographs cannot be processed) or fax the completed form before the deadline to **704.446.1635**.

**Reminders:** Please retain your completed copy of this form or your fax confirmation until your incentive reward has been received. Check that this reward shows as **Achieved** in your Total Health Portal two weeks after sending this form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_ mo/ \_\_\_ day/ \_\_\_ year Best Contact Number: \_\_\_\_\_

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

I am enrolled in a LiveWELL Health Plan (circle one): Yes No

## Know Your Numbers Exception

(To be completed by your medical provider or OB/GYN)

**Pregnancy:** Based on my patient's pregnancy, she is exempt from lab values at this time

**Medical:** Due to the medical history of my patient, he/she is exempt from lab values at this time

**Today's Date:** \_\_\_ mo/ \_\_\_ day/ \_\_\_ year

Provider's Name (**printed**): \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Practice Name/Location: \_\_\_\_\_