



PROVIDER ALTERNATIVE ACTION FORM

FAX COMPLETED FORM TO 1-844-549-6620

HealthYou partners with Leprino Foods for biometric screening and corresponding health coaching for employees enrolled in the company medical plan who opt to participate in the wellness incentives program.

The biometric screening process checks fifteen (15) different risk indicators. HealthYou provides health coaching to employees who have biometric screening results indicating potential risk for high blood pressure, cardiovascular disease, stroke, certain cancers, and other preventable diseases. Once screened, HealthYou clinicians' partner with the employee on strategies to address risk factors. never holds an employee accountable to a change that they are not ready to pursue.

If an employee is unable to complete the program but seeks another way to earn the incentive – they can complete this alternative activity form with their health care provider and fax it to the number above by 12/31/2024. Employee must also complete a screening or PCP form.

Alternative activity(s) recommended by the health care provider are documented on this form, for wellness incentive processing. Points are reported by HealthYou and awarded by Rally, monthly. A new form is required each new plan year.

ENTIRE FORM MUST BE COMPLETED

SECTION I - PARTICIPANT TO COMPLETE

Participant Information (Please Print - All Fields Required)		
Legal First Name	Legal Last Name	Date of Birth (mm / dd / yyyy)
Street Address, Apt #, P.O. Box		
City	State	Zip Code
Home Phone (with area code) ()	Day or Cell Phone (with area code) ()	Email Address
Participant Signature — Required For All Requests By signing this form, I verify information supplied by either myself or my representative is true and complete. I agree to follow the alternative action (recommended below by my PCP) to earn my incentive reward. I understand any person who knowingly intends to injure, defraud, or deceive insurer files by providing false, incomplete, or misleading information may be subject to penalties under applicable laws.		
Participant Signature		Date (mm / dd / yyyy)

SECTION II - HEALTH CARE PROVIDER / PRIMARY CARE PHYSICIAN (PCP) TO COMPLETE

Provider / Physician Alternative Action (Please Print - All Fields Required) It would be (a.) unreasonably difficult or (b.) medically inadvisable for my patient to participate in health coaching under the wellness program. In lieu of completing the wellness program activities, I recommend the following alternative action(s) for my patient to reasonably earn the program incentive.	
Recommended Alternative Action(s) • • • • • •	
Health Care Provider / PCP Signature — Required for Processing Provider / Physician Signature or Stamp	
Health Care Provider / PCP	Provider's Office/ Clinic Name
Provider Phone Number (with area code) ()	Provider's NPI Number
Provider Signature	Date (mm / dd / yyyy)

If helpful, HealthYou will work with you and your doctor (if you choose) to discuss alternative options aligned with your health.





PRIMARY CARE PROVIDER (PCP) FORM

SECTION 1 TO BE COMPLETED BY LEPRINO FOODS EMPLOYEE

Write your name exactly the way that it appears on your paycheck. This form must be returned before **December 31, 2024**. *Complete all required fields.

*First Name:		*Last Name:	
*Employee ID:		*Phone #:	
*Leprino Plant Location (City):			
*Employee Email:			
*Date of Birth:			
*Appointment Date:			
PCP Email:			

SECTION 2 TO BE COMPLETED BY PRIMARY CARE PROVIDER (PCP)

NOTE: Test values shown below must be COMPLETED AND FAXED by Primary Care Provider (PCP)
Please record data for each field listed. Forms with missing information will not be processed.

TEST	RESULTS	NOTES
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If pregnant, HealthYou only requires blood pressure and blood glucose testing.
Height	Feet Inches	
Weight (pounds)		
Waist Circumference		← Waist Circumference MUST BE COMPLETED.
Body Mass Index (BMI)		
Blood Pressure (BP)		
Blood Glucose		Fasting? <input type="checkbox"/> Yes <input type="checkbox"/> No
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Total Cholesterol (TC)		
TC/HDL Risk Ratio		
Tobacco Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fax form to: HealthYou at: 1-844-549-6620

PCP Printed Name:		Phone #:	
PCP Signature:		PCP ID (NPI#):	