



WellnessPlan

DriveTime Benefits | fx: 888-505-7130 | www.drivetimebenefits.com |
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Wellness Exception/Disease Management Form

Dear Employee,

Please complete the line below and take this form to your Healthcare Provider.

Employee/Spouse Name

Employee ID #

Dear Provider,

Your patient is a participant in the DriveTime Employee Wellness Program. Our employees receive a substantial medical premium discount for participating. Participation in the Wellness Program depends on meeting the following standards for BMI, blood pressure and cholesterol.

- BMI below 30
- Blood Pressure below 140/90
- Total Cholesterol below 200 mg/dL or TC/HDL below 4.1

If it is your opinion your patient is medically unable to meet these requirements OR is taking medication or is otherwise managing the following risk factors, please indicate below.

The following requirements are unattainable or being managed for this patient:

BMI

Blood Pressure

Cholesterol

Patient Name

Provider Name

NPI #

Phone

Date

PLEASE FAX COMPLETED FORM TO 888-505-7130.

Thank you for your assistance,
DriveTime Benefits Team

