



Physician Verification Form

Virgin Pulse operates a reward-based wellness program called Virgin Pulse HealthMiles. Under the 2014 ACA "Incentives for Non Discriminatory Wellness Programs in Group Health Plans", self-insured employers must provide a reasonable alternative standard for any member who has a health condition that makes it unreasonably difficult (or medically inadvisable to attempt) to meet a standard in the Virgin Pulse HealthMiles program. Similarly, under the Americans with Disabilities Act (ADA), self-insured employers are required to provide a reasonable alternative accommodation for disabled persons who are protected by the ADA. By signing this form, you verify that the below named Virgin Pulse HealthMiles member has a disability or a health condition that makes it unreasonably difficult to meet, or medically inadvisable to attempt to meet, the activity-only standard(s) indicated below.

Virgin Pulse HealthMiles member/ patient name: _____

Physician name: _____

Physician Address and phone number: _____

My patient, named above, cannot or has been advised not to achieve the following Virgin Pulse standard(s) for medical reasons (please check all that apply):

___ Physical activity of at least 7,000 steps per day OR 30 minutes of moderate activity OR 20 minutes of vigorous activity.

Physical or mental impairments may include, but are not limited to, mental retardation, emotional illness, epilepsy, muscular dystrophy, multiple sclerosis, an anatomical loss, cancer, heart disease, diabetes, HIV, tuberculosis, drug addiction, or alcoholism.

AND/OR

My patient, named above, cannot participate in the following activities due to a disability that is protected under the Americans with Disabilities Act (please check all that apply):

___ Blood pressure under 120 systolic and 80 diastolic.

___ BMI of 18.5 - 25.0.

___ Body fat within the suggested range for member's age/ gender.
(Males 18-34 yrs; 8% - 22% and 35+ yrs 10%-25%) (Females 18-34 yrs; 20%-35% and 35+ 25%38%)

___ Physical activity of at least 7,000 steps per day OR 30 minutes of moderate activity OR 20 minutes of vigorous activity.

The ADA protects individuals with a physical or mental impairment that substantially limits one or more major life activities; it does not apply to normal pregnancies or to routine injuries (e.g., broken bones).

Signed: _____

Date: _____

Return completed form to:
Fax: 1 888 501 6442
Mail: Virgin Pulse, PO Box 7026, Beverly, MA, 01915
Email: support@virginpulse.com