

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ CCM ID# \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

\*Note: You only need to fill out the sections relevant to your specific metric(s) of appeal.

\*Review your ARR (application review report) to ensure you are submitting metrics for the appropriate Health Risk Factors.

\*For BMI, Abdominal Circumference, and blood pressure appeal, a licensed healthcare professional's signature is required to verify measurements.

Authorized professionals include MD, DO, PA, RN, RO, firefighter/EMT, CPT, DC, RDN, PT.

## Section 1: Appeal for BMI/Abdominal Circumference

Note: This form will not be processed without Abdominal Circumference measurement verification. Take a tape measure with you, if necessary.

Height (without shoes): \_\_\_\_\_ inches

Weight (without shoes): \_\_\_\_\_ pounds

Estimated weight of clothing during weighing: \_\_\_\_\_ lbs.

Abdominal Circumference Measurement (at navel; abdomen relaxed) \_\_\_\_\_ inches

Neck Measurement (just below larynx): \_\_\_\_\_ inches

Waist Measurement at narrowest point (Women Only) \_\_\_\_\_ inches

Hip Measurement (Women Only): \_\_\_\_\_ inches

Measure over bare skin from the navel. The tape measure should be snug but not indent the skin. The number that meets the "0" after you have circled your entire Abdominal Circumference is your Abdominal Circumference measurement. Do not round up/down or use your pants size.

## Section 2: Appeal for High Blood Pressure/Hypertension

|                            | 1     | 2     | 3     |
|----------------------------|-------|-------|-------|
| Systolic Blood Pressure *  | _____ | _____ | _____ |
| Diastolic Blood Pressure * | _____ | _____ | _____ |

\* Tip: we provide a space to allow up to 3 readings, often the first reading can be your highest. wait a few minutes and take 2 additional readings, we will average the 3.

- ✓ Sit for 5 minutes before you check your blood pressure.
- ✓ Position is important for obtaining accurate results. Place your elbow on a table at the level of your heart for testing and keep your feet uncrossed and touching the floor.

## Section 3: Appeal for High Cholesterol

\*Submit a full lipid panel (TC,HDL,LDL,TG) lab report from within the last 12 months. No additional signature required.

I affirm that all of the above entries are accurately reported and entered to the best of my knowledge.

Agency of Licensed Healthcare Professional (if applicable): \_\_\_\_\_

Title of Licensed Healthcare Professional (if applicable): \_\_\_\_\_

Signature of Licensed Healthcare Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant or Member: \_\_\_\_\_ Date: \_\_\_\_\_