



Physician Tobacco Alternative Waiver Form

AMSURG offers a Tobacco Cessation Program. The program promotes a healthy and productive work environment and helps ensure a healthier future for you and your loved ones.

If you enroll in AMSURG medical coverage, you must certify your tobacco use. If you certify positively for tobacco use, you will be assessed an additional user premium in addition to your regular medical plan premiums.

If you certify positively for tobacco use, you can enroll in and complete the Tobacco Cessation Program, and the surcharge will be removed.

For questions about the Tobacco Cessation Program, please visit [AMSURG-Benefits.com](https://amsurg-benefits.com).

AMSURG understands that an individual, in some instances, may not be able to quit tobacco due to circumstances beyond their control. **If it is not medically appropriate for you to complete the Tobacco Cessation Program, please share this form with your physician.** If your physician confirms it is not medically appropriate for you to complete the program, AMSURG will waive the tobacco surcharge.

Complete this form only if you are requesting a Physician's Waiver for Tobacco use.

PATIENT INFORMATION

Last Name: _____ First Name: _____

Last 4 Digits of Your Social Security Number: _____ (Form cannot be processed without this information)

Date of Birth: _____ (MM/DD/YYYY)

Patient Signature: _____ Date: _____

PHYSICIAN TO COMPLETE

Please sign and date this form to attest to the following information:

As the treating physician, by signing this form I hereby attest to certify that it is not medically appropriate for the patient to complete the Tobacco Cessation Program.

Physician's Name (Print): _____

Phone: _____

Physician's Signature: _____ Date: _____

TO SUBMIT FORM:

Visit [AMSURG-Benefits.com](https://amsurg-benefits.com) and login.

Select "Change My Benefits" from the "I Need Help With..." menu, or select the Change My Benefits tile on the homepage. Click the "Change my Benefits" button at the top of the next page.

On the Reasons for Change screen, select Life Event, and then choose the "Tobacco Physician Waiver" Option.

Enter an effective date for the change, and select Continue. Follow the prompts to submit your change and upload this form as your documentation.

For questions, call the Benefits Center at 1-888-305-7027 which is available Monday-Friday from 8 a.m. to 8 p.m. ET.