

**3Twenty Three Personnel
Wellness Program
Annual Preventative Exam
Form 2019-2020**

Physician Section

Dear Medical Professional:

As part of a voluntary wellness program initiative, benefit eligible employees and covered spouses at 3TwentyThree Personnel have been asked to have a basic preventive annual routine physical. We are not requesting any records or PHI pertaining to this annual physical.

Once the annual physical exam is complete, please sign, date, and return form to patient (employee or covered spouse) so they may turn it in to the 3TwentyThree Personnel Wellness Department as confirmation.

The Annual Preventive Exam Must Include the Following:

Preventive Physical Exam (Office Visit), which includes medical health history, assessment of lifestyle (diet, stress, exercise, etc.) general system examination, standard preventative bloodwork panel and measurement of height and weight. Please inform the employee or covered spouse that if other tests/services are performed, the employee or covered spouse may be responsible for out-of-pocket costs based on their insurance plan.

I certify that I performed a routine annual physical exam on this date _____, for a 3TwentyThree Personnel employee, _____ and the exam included the items listed on this form.

(Patient Name)

U.S. Physician's Name: _____ U.S. Physician's Signature: _____

U.S. Physician's Office Address: _____ Date of Signature: _____

_____ Office Number: _____

EMPLOYEE SECTION

- Participation in this wellness initiative is voluntary and will not affect your health insurance eligibility or premiums. For your participation, you are eligible to receive a monthly insurance premium discount of \$50 thru May 31st, 2020.
- This initiative is for a preventive wellness exam. If other tests/services are performed, you may be responsible for out-of-pocket costs based on your insurance medical plan.

I have reviewed and read the above statement and I have decided to: ACCEPT my incentive DECLINE my incentive.

Employee's Full Name (please print) Employee Social (required for processing)

Employee Signature

Completed form must be submitted no later than the 1st of the month following 30 days of hire to be considered eligible for the premium credit. You must complete the wellness exam to enroll in the Select Medical Plan.

Submit form to: 3TwentyThree Personnel WELLSNESS PROGRAM

Email: benefits@323personnel.com

Fax: (817)212-3310