

## Wellness Exam Verification Form

To encourage a healthy relationship with a physician, employees receive a reduced payroll deduction for having received an annual physical. This form must be:

- (a) Completed by employee and signed by physician completing the exam
- (b) Turned in to Human Resources

### SECTION TO BE COMPLETED BY EMPLOYEE:

Name (Last, First, MI):	DOB:
Employee Name (if different):	
Address (Street, City, State):	
Email (Optional):	Best Telephone #:
Employer Name: <b>HWC Engineering</b>	
Primary Care Doctor:	Primary Care Office Phone:

### SECTION TO BE COMPLETED BY PHYSICIAN

Date of Today's Exam:
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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please use Z00.00 for the DX code and procedure codes 99381-99387 or 99391-99397 to code for the wellness physical. Claim should be filed to the insurance carrier indicated on the patient's ID card.**

Recommended Wellness Screens based on CDC guidelines

Note: Employees who elect to participate in the Wellness Plan and receive a payroll deduction discount are agreeing to have their Annual Physical performed by their physician. In order to be considered compliant under the Wellness plan, employees must either (a) have had a physical performed since July 1, 2023 or (b) have a physical completed by June 30, 2024. If this form is not given to Human Resources by the deadline of June 30, 2024 your payroll deduction will be increased to the Non-Wellness payroll deduction.