

ANNUAL PHYSICAL EXAM VERIFICATION FORM

Navarro County has implemented a Wellness Incentive Program to encourage employees to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the health benefit program. Employees who are enrolled in Navarro County's medical benefit plan must complete an annual physical exam by **July 31, 2021** in order to avoid a **monthly \$25 contribution** between **October 1, 2021** to **September 30, 2022**.

IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on, or attached to this form. While annual physical exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.
- **To receive credit for completion the annual physical exam must be completed between October 1, 2020 through July 31, 2021. This form must be submitted by July 31, 2021.**

TO BE COMPLETED BY EMPLOYEE:

Employee Name (PRINTED): _____ Date of Birth: _____

Member Identification Number on BCBSTX Health Benefits Card: _____

By my signature below, I affirm that I have received, read and understand the Wellness Incentive Program, and I authorize my physician to verify that I have completed an annual physical exam at my physician's office on the date indicated below:

Employee Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

I certify the above named patient has completed an annual physical exam at my office on the following date:

Date of Annual Physical Exam: _____

Name of Physician (PRINTED): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Office Phone: _____

Physician Signature: _____ Date: _____

Return this form to Human Resources by July 31, 2021