WELLNESS EXAM VERIFICATION FORM

COLLECTION PERIOD: (06/1/2023 – 05/31/2024)

Forms accepted for Physicals dated (6/1/2023 – 5/31/2024)

HCCSC

To encourage a healthy relationship with a primary care provider, our employees receive incentives for having received the appropriate wellness exam.

Participant Info

NAME (Please Print) *	GENDER MALE ☐ FEMALE ☐	DATE OF BIRTH *	RELATIONSHIP TO POLICYHOLDER EMPLOYEE ☐ SPOUSE ☐
ADDRESS	CITY		STATE/ZIP CODE
WOULD YOU LIKE A VERIFICATION OF RECEIPT EMAIL? Yes ☐ No ☐			
IF YES, EMAIL:	PRIMARY CARE PROVIDER NAME:		PRIMARY CARE PROVIDER PHONE:
POLICYHOLDER'S EMPLOYEMENT STATUS ☐ New Hire ☐ Current Employee			

Authorization to Release Protected Health Information to My Employer

I understand that by submitting this form, Vital Incite may report to my employer the following information about me: a) name; b) date of birth, c) whether I have verified that I have received my annual physical and d) whether I have met the program compliance. Also, I understand that if Vital Incite submits this form to my Employer that I will receive an email verification from Vital Incite. I agree that if I do not receive an email verification, it is my responsibility to verify with Vital Incite that my form has been submitted to my Employer. Notwithstanding, I agree that Vital Incite bears no responsibility, or any legal liability, for its failure to submit this form to my employer.

Patient Signature: _____ **Date:** _____

Biometric Results (Health Care Provider Completes the Section Below)

HEIGHT (in)*	WEIGHT (lbs.)*	BODY MASS INDEX (BMI)*	A1c*	BLOOD PRESSURE*

TOTAL CHOLESTEROL*	LDL CHOLESTEROL*	HDL CHOLESTEROL*	TRIGYCERIDES*	GLUCOSE*

TOBACCO USE – LAST 6 MONTHS
☐ YES ☐ NO

Primary Care Provider Information

PHYSICIAN NAME *	PHYSICIAN SIGNATURE*	DATE OF EXAM*

Please use Z00.00 for the DX code and procedure codes 99381-99387 or 99391-99397 to code for the wellness physical.

Please submit this form to Vital Incite by fax:
317.660.7994

Questions?
Call (317) 660-4250 ▪ Mon – Fri (8am – 5 pm (EST)

VITAL incite
making health an asset

Or scan and email your form to Vital Incite here:
admin@vitalincite.com