

# Wellness Affidavit Form

Collection Period: January 1 – November 30

Purpose: To encourage a healthy relationship with a primary care provider, our employees may earn HSA incentives for completing one of the following activities:

- Annual Physical
- Biometrics (labs)
- Preventive Screening

**Instructions:**

Complete section One: Employee Information. Employee or qualified spouses must sign the authorization.

Provider completes Section Two: Activity Information. Provider will sign and date below.

To receive the incentive, activities must be completed and tracked in [www.ourhealthytigers.com](http://www.ourhealthytigers.com) between January 1 through November 30. Employees and qualifying spouses will need to create a profile to access the site and upload their documents. Employees and qualified spouses have separate profiles. Spouses will need your employee ID number when registering; this number can be found on your ID badge. Click the EARN tab and then follow the steps for tracking by clicking on the individual activity.

**Section One: Employee Information**

Member Name (Last, First):		DOB:
Employee Name:	Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	
Telephone or extension:		
Employer: <b>DePauw University</b>		<input type="checkbox"/> Active <input type="checkbox"/> Retiree

**Authorization to Release Protected Health Information to my Employer** I understand that by submitting this form, LHD Benefit Advisors will only be reporting to my employer the following information: My name, DOB and confirmed completion of physical form. I have verified that I have received my annual physical and met the program compliance, by submitting this form. No other personal information will be shared. If this authorization is not signed & dated LHD will not be able to release and provide the information stated above to DePauw which is used for verification of completion.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section Two: Provider Information**

Activity	Date Completed
<input type="checkbox"/> Annual Physical	_____
<input type="checkbox"/> Biometrics (Labs)	_____
<input type="checkbox"/> Preventative Screening	_____

Biometric Checklist	
<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> Height
<input type="checkbox"/> HDL	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> LDL	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Weight	<input type="checkbox"/> A1C or Fasting Glucose

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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