Annual Physical/Wellness Visit Affidavit Form

Instructions for Physician

Complete and sign Section 2 of this form to verify physical exam/wellness visit

Return form to the patient for submission or submit the form no later than **12/31/2020** to:

Innovative Workplace Wellness
Fax to (888) 739-1722 or
Scan and E-mail to wellness@ibpllc.com

Section #1 -Employee/Spouse Completes

Name (Last, First):	**DOB (mm/dd/yyyy):**
Gender: Male Female	**Relationship to Policy Holder:** Self Spouse/Dependent
Employee ID #: *Spouse/Dependent should use the Employee ID # with an "S"on the end.*	**If you are the Spouse or Dependent, please print the employee's name:**
Address (Street, City, State, Zip):	
Email:	**Best Phone #:**
Employer Name: Oaks Integrated Care	
Primary Healthcare Provider Name:	**Primary Healthcare Provider Phone #:**

Would you like verification of receipt of this form sent to the above email? Yes No

Authorization to Release Protected Health Information to my Employer

I understand that by submitting this form, Innovative Workplace Wellness will be reporting to my employer the following information to apply the incentive to my health premium: Name, Payroll Deduction, and if I have verified that I have received my annual physical and labs by submitting this form. No other personal information will be shared.

Signature: _____ Date: _____

Section #2 - Healthcare Provider Completes

Date of Annual Physical/ Wellness Visit: _____

By signing below, you are authorizing that the employee named above completed an annual wellness exam in which the most recent laboratory results were discussed along with other preventative screenings deemed appropriate. With this documentation, the employee/spouse will be eligible for healthcare incentives through the employer, Oaks Integrated Care.

Primary Healthcare Provider Signature: _____ Date: _____

Primary Healthcare Provider NPI #:_____

If you have any questions regarding your benefits or wellness program options, contact Innovative Workplace Wellness at wellness@ibpllc.com or call toll free 888-427-7383.