



Physician Form 2019-2020

Doctors Please Code as Preventive

Aetna and Select Health Preventive Care yearly exam – no copay, coinsurance or deductible (allowed 1 per year).

Employees will need total cholesterol (HDL & LDL), A1c, Triglycerides, Glucose, Blood Pressure, Height, and Weight numbers that are required as part of our Wellness Policy at Davis School District. Please include these tests in your yearly preventive care exam. PLEASE NOTE: Test Results DO NOT need to be sent to Davis School District.

Employee Name: _____

Employee ID #: _____

School/Department: _____

Your doctor visit should be after May 1, 2019 and before May 1, 2020

Complete the following:

1. I visited my physician

Doctor Signature _____ Date _____

2. Signed form needs to be sent to Kim Johnson by fax (801-402-5314) or by email kimjohnson@dmail.net
3. After completion of the above task, you are eligible for the reimbursement.

You only need to turn in a physician form if you choose to go to your doctor to receive the health screening. If you participate in one of Davis School District's health fairs to be screened you do not need to have this form signed.