

Wellness HRA – Step 1 Physician Certification Form

Physician Certification Form and Biometric Screening Certification Form - Due 4/28/23

Plan Year starting July 1, 2023

Employee / Spouse Complete This Section

Patient's Name: _____

Employee Name: _____

School District Name: _____

Please complete a separate form for employee and spouse.

The two (2) criteria of the 2023 WPSHCC Wellness Program are:

STEP 1: Certification of completion of an Annual Preventive Care Examination

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- Have your Physician complete **Step 1: Preventive Exam** section of this form and submit it to the Business Office to satisfy this requirement; **AND**,

STEP 2: Receive a Comprehensive Biometric Screening, inclusive of:

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- LDL, HDL and Total Cholesterol;
- Triglycerides;
- Glucose; and
- Blood Pressure

Two Options to Complete Biometric Screening:

- Complete on your own and have the physician certify completion in the **Step 2: Biometric Screening** section of this form. Submit it to the Business Office to satisfy this requirement; **OR**,
- Participate in the district's on-site biometric screening held during the 2022/2023 school year *(dates to be determined)*. Districts will receive a report indicating who completed the on-site screening and you will be given credit for completion *(no results reported to district, just completion)*. **Physician does NOT need to certify completion of the on-site biometric screening.** You may complete both option a and b, if you choose.

You **MUST** complete **BOTH** steps (Routine Physical & Biometric Screening) to earn the wellness funds for 2023.

Step 1: Health Care Provider Complete This Section for Preventive Exam

We ask that you certify that your patient, listed above, has received their Annual Preventive Examination during the period of **May 1, 2022 through April 28, 2023**.

By signing and dating below, you are certifying that the above named patient has received a preventive exam between the above referenced date range.

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ Date: _____

Date of Preventive Exam: _____

Wellness HRA – Step 2 Biometric Screening Form

***Physician Certification Form and Biometric Screening Certification Form - Due 4/28/23
Plan Year starting July 1, 2023***

<i>Employee / Spouse Complete This Section</i>	Please complete a separate form for employee and spouse.
Patient's Name: _____	
Employee Name: _____	
School District Name: _____	

Step 2: Health Care Provider Complete This Section for Biometric Screening (if applicable)

We ask that you certify that your patient, listed above, has received their Preventive Biometric Screening during the period of **May 1, 2022 through April 28, 2023** as defined in STEP 2 on the first page of this form.

By signing and dating below, you are certifying that the above named patient has received a Preventive Biometric Screening between the above referenced date range.

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ **Date:** _____

Date Biometric Screening Performed: _____

- ❖ *Preventive Biometric Screenings are covered at 100% when coded as a Preventive Service. UPMC covers once per plan year (July 1-June 30) and Highmark covers once per calendar year (January 1 – December 31st). You should discuss coverage of Biometric Screenings as a Preventive Service with your Physician's office prior to the service or call your Insurance Administrator at the number on the back of your Identification Card.*

District Employee / Spouse – Please submit this completed form to your District's Business Office by April 28, 2023 to receive Wellness Credit.