

PHYSICIAN VERIFICATION FORM

Please use this form to obtain verification from your physician of completion of your annual wellness exam including biometric screening between July 1, 2023 – June 30, 2024. Complete the contact information and follow the directions provided below. Any information shared on this form with MissVIC associates will not be disclosed except in accordance with HIPAA laws.

NOTE: Little clinics and minute clinics do not qualify as Primary Care Visit completion. By completing this form, you are consenting to participate in the wellness Initiative offered by MissVIC. ***Please reference THE FINE PRINT for full disclosure.**

Patient Contact Information

School District Name: **EDWARDSVILLE COMMUNITY UNIT SCHOOL DISTRICT #7**

First Name: _____ Last Name: _____

Previous/Maiden Name (if changed in the last 12 months): _____

Date of Birth: _____ Today's Date: _____

Phone: _____ Email: _____

The annual wellness exam **MUST** have been completed between July 1, 2023 and June 30, 2024 in order to participate in the MissVIC Wellness Initiative.

This Form must be completed and provided back to the Benefits Specialist no later than **June 30, 2024**.

Physician Information

Physician Office/ Name: _____

Office Phone/Address: _____

The Wellness Initiative offered through MissVIC is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

This **Verification Form** confirms that the patient named above received the following preventative care between **JULY 1, 2023** and **JUNE 30, 2024**. The primary care physician needs to complete the information below and return the completed form to the patient named above.

Physician

I certify that the patient listed above received their routine annual exam on: ____/____/____

Physician Signature: _____ Date Signed: _____

License #: _____