

This form provides step by step instructions to complete and submit your annual physical for credit in the Healthy Beginnings program. Complete this and all tasks for Healthy Beginnings by June 30, 2025 to earn your 2024/25 incentive.

KYRENE HEALTHY BEGINNINGS WELLNESS INCENTIVE PROGRAM



Do you have a primary care physician?

Establishing a relationship with a primary care physician (PCP) is important. Your PCP will be familiar with your medical history, coordinate all aspects of your care and is an essential part of the Healthy Beginnings Program. A PCP includes those who practice internal medicine, are family or general practitioners, or are OB-GYNs. Please note that Kyrene ESD will NOT have access to your private health information through the Healthy Beginnings Program.

Preventive Physical Exam Visit

- Find your PCP online at [Kyrene.myameriben.com](https://kyrene.myameriben.com) or call 855-961-5408.
- Call to schedule your preventive physical exam visit. Tell the office that the visit should be coded as an annual physical/preventive exam. Your medical plan will pay for one preventive visit per year at 100%, if you use an in-network provider.
- Complete an annual physical exam and standard lab-test blood draw with your PCP between **07/01/2024 – 6/30/2025**.
- Remember to have your physician complete and sign this **PHYSICIAN FORM** for preventive visits completed between **7/1/24 and 6/30/2025**, or you may submit an explanation of benefits (EOB) to earn credit for this action step toward your incentive.
- Submit this completed form or your EOB by **06/30/2025**.
 - Log in to your MyAmeriBen account at [Kyrene.ameriben.com](https://kyrene.ameriben.com), click on the Wellness tile, click on Incentives and Rewards and complete the requirements.

*Action Steps to Earn Annual \$250 Incentive

- 1) Annual Preventive Exam with lab work
- 2) Health Risk Assessment Survey
- 3) Completion of 2 Additional Wellness Screenings/Activities

When all action steps are completed, participants will earn the annual \$250 incentive. Log in to your account at [Kyrene.myameriben.com](https://kyrene.myameriben.com) for all program details.

Will my privacy be protected?

Absolutely! Kyrene ESD takes your privacy seriously and complies with all requirements of state and federal privacy laws.





HEALTHY BEGINNINGS PHYSICIAN FORM

Submit completed forms to AmeriBen

- Upload Securely to your MyAmeriBen account: Kyrene.ameriben.com
- Upload to the Wellness file/Incentives & Rewards.

Employees are responsible for turning in this physician form to AmeriBen, it is NOT the responsibility of your health care provider.

This section should be completed by patient before providing the form to the health care provider:

Please provide the following information relating to completing my annual physical. By signing this Form, I authorize you to provide this data to AmeriBen.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Phone Number: _____

Patient Signature: _____ Date: _____

Dear Doctor/Health Care Provider:

My employer is sponsoring a wellness program to help make positive changes or to maintain my good health. I have voluntarily enrolled in this program. The health management program offered through Kyrene ESD s 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.

Please perform the following preventive tests and measurements:

- *Full cholesterol panel, glucose (or A1c) and triglycerides*
- *Blood pressure*
- *Height, weight and waist circumference*
- *Other preventive tests may be completed as deemed appropriate for the member.*

To be completed by the Physician/Health Care Provider:

I certify that (Patient Name) _____ has had their annual physical.

Physician/Health Care Provider (Print Name) _____ Date: _____

Physician/Health Care Provider Phone Number: _____

Physician Health Care Provider (Signature): _____

Address: _____

Thank you in advance for your cooperation and if you have any questions, please contact Kyrene ESD at benefits@kyrene.org and they will be able to assist you.