

# Wellness HRA – Step 1 Physician Certification Form

Physician Certification Form and Biometric Screening Certification Form - Due 4/30/2026

Plan Year starting July 1, 2026

## 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 2026 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)*

- a. 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)*

- a. LDL, HDL and Total Cholesterol;
- b. Triglycerides;
- c. Glucose; and
- d. Blood Pressure

You **MUST** complete **BOTH** steps (Routine Physical & Biometric Screening) to earn the wellness funds for 2026.

### Two Options to Complete Biometric Screening:

- a. 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**,
- b. Participate in district on-site biometric screening held during the 2025/2026 school year (*dates to be determined*). Districts will receive a report indicating who completed the on-site screening and consented to having their name released. Do so, 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 options a and b, if you choose.

## 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, 2025 through April 30, 2026**. Examples of an Annual Preventive Examination include but are not limited to: Well Visit, Well Woman Exam, Age-Appropriate Screenings, a Well Visit that becomes diagnostic but was originally scheduled as a Well Visit.

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: \_\_\_\_\_

WPSHCC coverage through **Highmark** covers Preventive Screenings **once per calendar year**

WPSHCC coverage through **UPMC** covers Preventive Screenings **once per plan year (7/1 through 6/30)**

# Wellness HRA – Step 2 Biometric Screening Form

***Physician Certification Form and Biometric Screening Certification Form - Due 4/30/26  
Plan Year starting July 1, 2026***

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

## ***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, 2025 through April 30, 2026** 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 31<sup>st</sup>). 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 30, 2026 to receive Wellness Credit.**