

# WELLNESS INCENTIVE PROOF OF PARTICIPATION

Dear Doctor or Health Care Provider:

My employer is sponsoring a Wellness Incentive program that I voluntarily opted to enroll in.

- I must provide verification that I executed an Annual Physical Examination with my Primary Care Physician.
- **The examination must include a full Lipid Panel and A1C.**

By signing this form, you acknowledge that an Annual Physical Examination was completed for the below named patient and included full Lipid Panel and A1C procedures.

PATIENT NAME *please print* : \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

EMPLOYER: **Chandler Unified School District #80**

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Physician/Healthcare Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Stamp or Print above signed name: \_\_\_\_\_

## CUSD EMPLOYEE INSTRUCTIONS:

Upload and attach this Wellness Incentive Proof of Participation (completed by your Medical Provider) as your **REQUIRED DOCUMENTATION** for the Annual Physical Exam w/Lipid Panel & A1C activity in lieu of actual lab result files to your **24-25 Wellness Incentive Request**.

This form is not necessary to complete/submit if you are uploading actual Lab result files as your required documentation.