

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**

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.