



A partnership between
your physician and
Lakeland HealthCare

AhealthyU Primary Care Provider Wellness Visit Verification Form

Section 1. To be completed by participant. Please PRINT and fill out completely

Complete section 1 of this form and take it to your physician to complete section 2.

Submit the completed form to:

Lakeland Care, Employer Services,
1234 Napier Ave., St. Joseph, MI 49085

Or Fax: 269-927-5161 Or Scan and e-mail: AhealthyU@lakelandregional.org

All information is required to process this form. The form must be received by April 18, 2014

| | | | |
|---|--|--|--|
| Patient Name | | Birth Date | |
| Patient Phone | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Employee (primary) <input type="checkbox"/> Spouse |
| Andrews Employee Name (primary coverage, if different than above) | | Employee AU ID # | |
| Address | | City | |
| E-Mail Address | | State, Zip | |

Participant Signature

Date

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Section 2. To be completed by Provider. Please complete section 2 including your signature to document this patient's wellness visit with you. Please code this "V70" Wellness Codes to assure that the visit is covered at 100%.

| | | | |
|---------------------------------|--|---|---|
| Date of Labs | | Fasting Glucose | |
| Blood Pressure | | HA1C | |
| Height/Weight | / | Cholesterol/HDL | / |
| BMI | | TC/HDL Ratio | |
| Triglycerides | | LDL | |
| Under medical management | <input type="checkbox"/> Lipid <input type="checkbox"/> BMI | <input type="checkbox"/> HTN <input type="checkbox"/> DM | Refer to Health Management <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provider Signature

Date

Provider Name (Please Print)

Office Phone

All biometric information provided is confidential, protected by law and not disclosed to your employer.

DISCLOSURE: If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call Lakeland Care at 269-927-5154 and we will work with you to develop another way to qualify for the reward.