

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 This form may be completed based on biometrics from an office visit within the last 12 months. | | | | | | | |
|---|--|--------------|---|-----------|-----------------------------------|---------------------------------------|--------------------|
| 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: LakelandCare_ahealthyu@lakelandhealth.org All information is required to process this form. The form must be received by April 17, 2015 | | | | | | | |
| Patient Name | | | | | | Birth Date | |
| Patient Phone | | | | | | MaleFemale | Employee (primary) |
| Andrews Employee Name (primary coverage, if different than above) | | | | | | Employee AU ID # | |
| Address | | | | | | City | |
| E-Mail Address | | | | | | State, Zip | |
| Participant Signature Date ******* All information is required to process this form. The form must be received by April 17,2015. ****** 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 | | | | | FBS Fasting Blood Sugar | | |
| Blood Pressure (please repeat if first reading is above 140/90) | | | | | HA1C | | |
| Height/Weight | | | / | | вмі | | |
| Under medical management | | Lipid HTN | | BMI DM | Comments | | |
| 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.