



## 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 3 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 Wellness Discount will be applied the first day of the following month after this form is submitted. **Patient Name** Birth Date ☐ Male ☐ Employee (primary) Patient Phone ☐ Female ■ Spouse **Andrews Employee Employee** Name (primary coverage, AU ID# if different than above ) Address City **E-Mail Address** State, Zip **Participant Signature** Date 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%. **FBS Date of Labs Fasting Blood Sugar Blood Pressure** HA1C (please repeat if first reading is above 140/90) Height/Weight BMI **Under medical BMI** Lipid **Comments** management DM HTN **Provider Signature** Date Office Phone **Provider Name (Please Print)** 

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.