

# Annual Wellness Visit

## PRIMARY CARE PROVIDER VERIFICATION FORM



HEALTHCARE PROVIDER MUST PROVIDE CERTIFICATION BY COMPLETING THIS FORM

Employee Name (Print): \_\_\_\_\_

Spouse's Name (if insured): \_\_\_\_\_

Employee BID#: \_\_\_\_\_ Employee Email: \_\_\_\_\_

I attest that all information is true and accurate. If document is falsified I will be responsible for paying retroactive non-wellbeing rate premiums.

Signature of Employee: \_\_\_\_\_

### \*MEDICAL PROVIDER MUST SIGN AND DATE BELOW

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Healthcare Provider Name (Print): \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

Healthcare Provider's Phone Number: \_\_\_\_\_

Healthcare Provider's Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, & ZIP

A primary care annual wellness visit will typically include vital signs, (height, weight, pulse, BP, BMI), history, physical exam, and labs (CBC, CMP, Lipid panel). \*Please note, you do not need to submit your actual biometric screening numbers. Your physician's signature confirms completion. If you choose to do the on-campus biometric screening, TriHealth will provide your name to the Office of Human Resources indicating completion.

This verification form must be submitted by September 14, 2024 via email to [benefits@xavier.edu](mailto:benefits@xavier.edu).

Please note: Covered spouses must also complete the primary care visit and biometric screening each year in order for the employee to qualify for the wellbeing rate.

When you stay up-to-date on preventive healthcare, you are taking action toward a longer, healthier, and happier life!

**For questions, please call 513-745-3638 or email [benefits@xavier.edu](mailto:benefits@xavier.edu).**