CONCEPT PACKAGING GROUP

WELLNESS CREDIT VERIFICATION

This form must be completed and returned to Preferred Administrators in order to receive your Wellness Credit for the year. Please complete the information below and have your physician indicate the procedures done, then sign and date the form where indicated. All procedures must be performed to receive credit.

**COMPLETED BY EMPLOYEE**

Insured Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer to front of Healthcare Card

**COMPLETED BY PHYSICIANS OFFICE**

PLEASE BE SURE TO SUBMIT CLAIM USING THE CORRECT WELLNESS/PREVENTIVE CARE/ANNUAL PHYSICAL DIAGNOSIS CODE(S) AND CPT CODE(S) FOR THE VISIT IN ORDER TO ASSURE CORRECT PROCESSING OF THE CLAIM

The following procedures/tests have been completed: At a minimum the following must be performed:

Height **[ ]**  Weight **[ ]**  Blood Pressure **[ ]**

Cholesterol **[ ]**  Glucose **[ ]**  Triglyceride **[ ]**

Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please return to the HR Support Desk for proper processing:****HRsupport@concept-pkg.com**

**\*\*Please note that information on this form is private and should not be shared**

**with co-workers, managers, etc.\*\***