

# HANCOCK COUNTY GOVERNMENT 2020 WELLNESS PROGRAM ANNUAL PHYSICAL EXAM CERTIFICATION

## EMPLOYEE/PATIENT INFORMATION

Employee Name: \_\_\_\_\_ Last 4 SS#: \_\_\_\_\_  
(please print)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(please print)

### PHYSICIAN STATEMENT:

As the attending physician, I attest the individual listed above (as the patient) has completed an annual wellness checkup on \_\_\_\_\_ (date of exam). This signed form will serve as eligibility to receive the wellness credit.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
NPI#

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**\* Exams performed between October 1, 2019 and October 1, 2020 will be applied to your Annual Physical Exam-Wellness Program for the 2021 plan year. Forms are required for each person covered under the plan, not just the employee.**

Please return completed form to Mary McCoy, H/R Deputy, If not received by October 1, 2020, Wellness credit will not be given for 2021 plan year.

Forms may be emailed to [mmccoy@hancockcoingov.org](mailto:mmccoy@hancockcoingov.org), or mailed to 111 American Legion Pl, Ste 217, Greenfield, IN 46140. Please keep a copy for your records.

Please direct questions to Mary McCoy, H/R Deputy at 317-477-1105, ext. 1284 or email questions to [mmccoy@hancockcoingov.org](mailto:mmccoy@hancockcoingov.org).