

HANCOCK COUNTY GOVERNMENT 2019 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, 2018 and October 1, 2019 will be applied to your Annual Physical Exam-Wellness Program for the 2020 plan year.

Please return completed form to Mary McCoy, H/R Deputy, If not received by October 1, 2019, Wellness credit will not be given for 2020 premiums.

Forms may be emailed to 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.