

## The City of Montgomery Wellness Program Provider Form

**Instructions:** This form is used to comply with the City’s Wellness Program by completing your annual Health Risk Checkup during your birth month. If you choose not to participate in the wellness screening at CareHere, you may submit your screening results through your physician using this form. You must complete Section 1 of this form and your provider is to complete Section 2. In order to be eligible for the wellness premium discount, this form should be returned to Room 108 in City Hall by the end of your birth month. **This form does not have to be completed if you have your screening completed at CareHere.**

### Section 1 (To be completed by employee)

Member Name (Please Print)	Screening Date	Male _____ Female _____ Age _____
Blue Cross Blue Shield Contract Number	Date of Birth (00/00/0000)	Day Time Phone Number

**The member will be responsible for the office visit co-pay along with any applicable charges for any lab work ordered by the provider.**

I hereby authorize the release of medical information listed in Section 2 to the Risk Management Benefits Office of the City of Montgomery. I understand that this information will be used for statistical purposes only and **will not** be released to any other person or persons. I also understand that this information **will not** be used to deny health insurance coverage to me as an employee of the City of Montgomery.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO RETURN THIS COMPLETED FORM TO THE RISK MANAGEMENT BENEFITS DIVISION BY THE END OF YOUR BIRTH MONTH**

### Section 2 (To be completed by provider)

Blood Pressure _____ / _____	Height _____ ft _____ in
Total Cholesterol _____mg/dl	Weight _____
Blood Glucose _____mg/dl	Body Mass Index (BMI) _____

**The above mention individual was evaluated in my office on \_\_\_\_\_ and was counseled regarding his/her health risk factor(s).**

**Provider Name: (Please Print)** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

**Please fax signed form to 334-625-4410 or return to Office 108 at 103 North Perry Street. For assistance please contact the City of Montgomery Risk Management Department at 334-625-2510.**