



Baxter County, AR



Physician Attestation
Completion of Annual Wellness Exam
(Due between 10/01/2016 and 9/30/2017)

Employee name: \_\_\_\_\_

Physician: Please check ONE box below.

[ ] I, \_\_\_\_\_, acknowledge that \_\_\_\_\_
(Physician Name - Please Print) (Employee Name - Please Print)

completed their annual wellness exam, including a blood test, on \_\_\_\_\_
(Date Exam Completed)

and that I have reviewed the results with my patient. I also acknowledge that the office visit has
been coded as a "wellness physical."

[ ] I, \_\_\_\_\_, acknowledge that \_\_\_\_\_
(Physician Name - Please Print) (Employee Name - Please Print)

is under routine care, and wellness related tests are being monitored regularly.

Physician's Signature

Date

Physician office location:

Street Address

City, State and Zip Code

Phone Number

\*\*EMPLOYEE NOTICE: You must complete your annual wellness exam with a physician between October 1, 2016 and September 30, 2017. For women, this is in addition to your regular gynecological exam. As long as your physician codes the exam as a wellness physical, the exam will be paid by BCBS at 100% AFTER your benefits become effective.

**The completed and signed Physician Attestation Form must be returned to the Payroll Office no later than September 30, 2017.** Failure to submit this form by 9/30/17 will result in the employee paying, through payroll deduction, **THE FULL AMOUNT OF ANY INCREASE IN THEIR HEALTH CARE PREMIUM (NOT TO EXCEED 5% OF THE TOTAL PREMIUM) incurred by the county for the following calendar year beginning January 1, 2018** (and each year thereafter, in which the employee chooses NOT to participate in the wellness program).