



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 & 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).