City of Dallas

Annual Physical Exam Verification

WELLPOINTS
PRE-65 RETIREE

This form is to be used by eligible City of Dallas pre-65 retirees who would like to submit verification that they received an annual physical exam as part of their participation in the WellPoints Wellness Incentive Program.

This following form is required ONLY if you have received your annual physical exam through an out-of-network physician or if you plan to use an out-of-network physician to complete your annual physical exam.

Please submit the Annual Physical Verification Form to the
Benefits Service Center no later than **August 31, 2014**.

Instructions for Physician:

Complete Section 2 of the form and return it to the patient (pre-65 retiree) for submission.

Instructions for City of Dallas Pre-65 Retiree:

Use this form ONLY if you plan to complete your annual physical exam using an out-of-network physician or Concentra TotalCare Health and Wellness Center at Dallas City Hall.

Complete Section 1 of the form—including signature—and present the form to your physician at your medical appointment. Instruct the physician to complete the required information.

You must submit the completed from directly to the Benefits Service Center.

Benefits Service Center
Dallas City Hall
1500 Marilla Street, Room 1DS
Dallas, TX 75201
(Phone) 1-855-656-9114
Hours: 8:15 a.m. to 5:15 p.m. (Monday through Friday)

WellAware
Your Health Matters

City of Dallas Employee Wellness Program

City of Dallas

Annual Physical Exam Verification

WELLPOINTS
PRE-65 RETIREE

Dear Physician:

The City of Dallas has initiated a wellness incentive program called WellPoints. As a WellPoints participant, a pre-65 retiree can receive incentives through maintaining a healthy lifestyle. To earn the incentives offered through WellPoints, a pre-65 retiree must complete an annual physical.

Physician: Please complete Section 2. The pre-65 retiree must return the completed from to the City of Dallas Benefits Service Center upon your completion. This form is required ONLY if you are an out-of-network physician.

Patient: This form must be submitted no later than August 31, 2014. Please Note: If your physician is in-network, you are not required to return this form to the Benefits Service Center.

SECTION 1: PATIENT INFORMATION (Patient: Complete this section. Please print.)

First Name: _____ Last Name: _____

Employee ID: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____)_____-_____

Gender: ☐ Male ☐ Female Date of Birth: _____/_____/_____ Age: _____

Signature: _____ Date: _____/_____/_____

PATIENT : This form must be submitted no later than August 31, 2014.

SECTION 2: ANNUAL PHYSICAL EXAM VERIFICATION

PHYSICIAN: Your signature below confirms that the pre-65 retiree has received an annual physical exam.

Physician Signature: _____ Date: _____/_____/_____