

## 2024

## WELLNESS REBATE CERTIFICATION FORM For Employees with WESTERN HEALTH ADVANTAGE (WHA)

Medical Coverage (Payment Authorization and Wellness Consultation Information)

EGUSD USE ONLY		
Verified:		

Form due no later than October 1, 2024 by 5pm. Forms will be accepted starting November 1, 2023			
1. Employee EIN:	First Name:	Last Name:	
Phone #:	Confirmation Email:	Work Location:	
applicable laboratory for screening. T	PCP) to request a Wellness Consultation appointment and other is no copay for this screening. A copayment may be re	Employee's Physician/Representative Signature order your glucose and cholesterol screening lab work. Your PCP's office will direct you to the quired if your PCP decides you need more comprehensive labs. Fasting is recommended but not eve) at the end of your Wellness Consultation. Do not ask laboratory personnel to sign this form.	
To complete this requirement, take th	of questions to help employees become aware of any health	Completion Date (per employee):risks. The District will not have access to your individual answers.  bugh Healthyroads offered by Western Health Advantage by visiting <a href="http://blogs.egusd.net/wellness/">http://blogs.egusd.net/wellness/</a> enter the date it was completed in the space above.	
4. Wellness Consultation Including Blood Pressure & Body Mas	Completed:	Date:	
blood pressure screening, BMI, and he One Wellness Consultation appointme Wellness Consultation, the visit may b PROVIDER For billing,	is that includes information regarding recommended age-a palth risk assessment. Blood pressure screening and BMI, vent every 12 months is a zero-copayment visit. If your Wellne e subject to a copayment. You may contact WHA Member USE ONLY rencounter reporting, use the appropriate CPT code	ppropriate screenings and a review of your biometric screens (glucose and cholesterol screening), which is a height and weight measurement, will be completed as part of your Wellness Consultation.	
•	and 5? nary Care Provider (PCP) for items 2 and 4?	orn Hoolth medical provider to confirm that I have received an appual Wallness Consultation and	
		ern Health medical provider to confirm that I have received an annual Wellness Consultation and orms are subject to verification. <i>No private health information is to be disclosed as part of the</i>	
Employee Signature:		Date:	
□ Schedule an appointment v     consultation and request la     □ Complete labs at a facility c     □ Complete the online health	ness Rebate Certification Form for Western Health A vith your Primary Care Provider (PCP) after May 31, 202 os for glucose and cholesterol screening. esignated by your PCP's office at least two days prior to risk assessment (see Box 3 for more information).	Inform the staff that you are an EGUSD employee calling to schedule a wellness the appointment.	

Review the form to ensure items 1-5 are completed (employees are to complete shaded items), retain a copy of form for your records, and return the original form to EGUSD

Compensation & Benefits office via intradistrict mail, email (egusdpayben@egusd.net) or in person.