



# 2023 WELLNESS REBATE CERTIFICATION FORM For Employees with SUTTER HEALTH PLUS (SHP) Medical Coverage (Payment Authorization and Wellness Consultation Information)

**EGUSD USE ONLY**

Verified: \_\_\_\_\_

**Form due no later than October 2, 2023. Forms will be accepted starting November 1, 2022**

|                |                           |                      |                  |
|----------------|---------------------------|----------------------|------------------|
| 1. Employee    | EIN: _____                | First Name: _____    | Last Name: _____ |
| Phone #: _____ | Confirmation Email: _____ | Work Location: _____ |                  |

|  |                  |             |
|--|------------------|-------------|
| 2. Glucose & Cholesterol Screening   | Completed: _____ | Date: _____ |
| Employee's Physician/Representative  |                  |             |
| <p>Contact your primary care physician (PCP) to request an appointment and obtain an order for glucose and cholesterol screening lab work. Once the lab work has been ordered, you may go to any Sutter laboratory for the screening, with or without an appointment. There is no copay for this screening. A copy may be required if your PCP decides you require more comprehensive labs. Fasting is recommended but not required. To show that you have met this requirement, have your PCP sign the "Completed" field (above) at the end of your Wellness Consultation. Do not ask laboratory personnel to sign this form.</p> |                  |             |

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|---|---------------------------------------|
| 3. Health Risk Assessment   | Completion Date (per employee): _____ |
| <p>A health risk assessment is a series of questions to help you become aware of possible health risks. EGUSD will not have access to your individual answers. To complete this requirement, take the Personal Health Assessment (PHA) offered through Sutter Health Plus by visiting <a href="http://blogs.egusd.net/wellness/">http://blogs.egusd.net/wellness/</a> and clicking on the health risk assessment logo. After finishing the PHA, enter the date it was completed in the space above.</p> |                                       |

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|--|------------------|-------------|
| 4. Wellness Consultation   | Completed: _____ | Date: _____ |
| Employee's Physician/Representative Signature  |                  |             |
| <p>Including Blood Pressure &amp; Body Mass Index (BMI)</p> <p>A Wellness Consultation is a clinical visit that includes information regarding recommended age-appropriate screenings and a review of your biometric screens (glucose and cholesterol screening), blood pressure screening, BMI, and health risk assessment. Blood pressure screening and BMI, which is a height and weight measurement, will be completed as part of your Wellness Consultation. One Wellness Consultation appointment every 12 months is a zero co-pay visit. If your Wellness Consultation becomes a more comprehensive appointment about matters outside the area of the Wellness Consultation, the visit may be subject to a copay.</p> |                  |             |
| <p><b><u>PROVIDER USE ONLY</u></b></p> <p><i>For billing/encounter reporting, use the appropriate CPT and ICD codes from the following list: This visit has \$0 member cost share</i></p> <p>99401 (Preventive counseling, 15 minutes)<br/>99402 (Preventive counseling, 30 minutes)</p> <p>Z00.00 (Encounter for adult health check-up NOS)<br/>Z00.01 (Encounter for general adult medical examination with abnormal findings)</p>   |                  |             |

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|---|-------------|
| 5. Employee Certification   |             |
| <p>Before submitting this form, did you:</p> <p><input type="checkbox"/> Complete shaded items 1, 3, and 5?</p> <p><input type="checkbox"/> Obtain approvals from your Primary Care Provider (PCP) for items 2 and 4?</p>   |             |
| <p>I certify that I have completed the necessary requirements above and hereby authorize my Sutter Health Plus medical provider to confirm that I have received an annual Wellness Consultation and have been informed of recommended age-appropriate screenings. I understand that completed forms are subject to verification. <i>No private health information is to be disclosed as part of the confirmation.</i></p> |             |
| Employee Signature: _____   | Date: _____ |

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|--|--|
| <b>Instructions on Completing Wellness Rebate Certification Form for Sutter Health Plus (SHP) members:</b>   |  |
| <input type="checkbox"/> Schedule an appointment for May 31, 2022 or after with your Primary Care Provider (PCP). Inform the staff that you are an EGUSD employee calling to schedule a wellness consultation and request labs for glucose and cholesterol screening.  |  |
| NOTE: SUTTER HEALTH PLUS ALLOWS ONE WELLNESS CONSULTATION PER CALENDAR YEAR AT NO CHARGE   |  |
| <input type="checkbox"/> Complete labs at a Sutter laboratory facility at least two days prior to the appointment.   |  |
| <input type="checkbox"/> Complete the online health risk assessment (see Box 3 for more information).  |  |
| <input type="checkbox"/> Complete the appointment with your PCP – <b>bring this form and ask the PCP to approve Boxes 2 and 4 above.</b>   |  |
| <input type="checkbox"/> 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, in person or email to <a href="mailto:egusdpayben@egusd.net">egusdpayben@egusd.net</a> |  |

Retain a copy of completed form for your records and return the original completed form to District Compensation & Benefits office, Room 107, via intradistrict mail, in person or email to [egusdpayben@egusd.net](mailto:egusdpayben@egusd.net)