

## 2024

## 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 1, 2024 by 5pm.	Forms will be accepted	d starting November 1, 2023		
1. Employee EIN:	First Name:	Last Name:			
Phone #: Confirmation Email:		Work Loc	Work Location:		
2. Glucose & Cholesterol Scro	ening Completed:	Employee's Physician/Representative	Date:		
ordered, you may go to any Sutter Heal your PCP decides you require more con	CP) to request an appointment and obtain an o	rder for glucose and cholesterol screen nout an appointment. There is no copa not required. To show that you have r	ning lab work. Once the lab work has been by for this screening. A copay may be required if		
3. Health Risk Assessment		Completion D	ate (per employee):		
A health risk assessment is a series of requirement, take the Personal Health	questions to help you become aware of possibl Assessment (PHA) offered through Sutter Healt A, enter the date it was completed in the space	e health risks. EGUSD will not have ach Plus by visiting <a href="http://blogs.egusd.ne">http://blogs.egusd.ne</a>	ccess to your individual answers. To complete this		
4. Wellness Consultation Completed: Including Blood Pressure & Body Mass Index (BMI) Employee's Physician/Represent			Date:		
Including Blood Pressure & Body Mass Ind	ex (BMI)	Employee's Physician/Representative Signature			
and a review of your biometric screens risk assessment. Blood pressure screen part of your Wellness Consultation. One	it that includes information regarding recommer (glucose and cholesterol screening), blood pres ning and BMI, which is a height and weight mea e annual Wellness Consultation appointment evo times a more comprehensive appointment abou	ssure screening, BMI, and health asurement, will be completed as very 12 months is a zero co-pay	PROVIDER USE ONLY For billing/encounter reporting, use the appropriate CPT and ICD codes from the following list: This visit has \$0 member cost share  99401 (Preventive counseling, 15 minutes)		
Wellness Consultation, the visit may be		a makere eaterde the area or the	99402 (Preventive counseling, 30 minutes)		
·			Z00.00 (Encounter for adult health check-up NOS) Z00.01 (Encounter for general adult medical examination with abnormal findings)		
5. Employee Certification					
Before submitting this form, did you:  ☐ Complete shaded items 1, 3, an  ☐ Obtain approvals from your Prin	d 5? nary Care Provider (PCP) for items 2 and 4?				
	9		ler to confirm that I have received an annual orms are subject to verification. No private health		
Employee Signature:			Date:		
Instructions on Completing Well-	Rebate Certification Form for Sutter Health Plus	(SUD) mombara:			
<ul> <li>Schedule an appointment for May consultation and request labs for</li> </ul>	31, 2023 or after with your Primary Care Provider glucose and cholesterol screening.	(PCP). Inform the staff that you are an	. , .		
NOTE: SUTTER HEALTH PLUS ALLOWS ONE WELLNESS CONSULTATION PER CALENDAR YEAR AT NO CHARGE  Complete labs at a contracted Sutter Health Plus laboratory facility at least two days prior to the appointment.					
☐ Complete the online health risk assessment (see Box 3 for more information).					
Complete the appointment with your PCP – bring this form and ask the PCP to approve Boxes 2 and 4 above.					
☐ 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 benefits@egusd.net.