

# 2023-2024 Wellness Incentive Program Healthcare Provider Verification Form

Verified by WELCOAZ Program



**Instructions:** The qualifying period is **July 1, 2023 to June 30, 2024**. Complete the top portion of this form and have your provider complete the bottom portion. Once completed, submit a copy to Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your personal records.

**Note:** You must be employed with Copa Health on the Incentive Payout Date to receive your incentive.

## All fields to be filled out by the Participant:

Employee Name		Kronos Employee ID	Preferred Name
Location		Phone #	Email
Health Insurance Plan	Employee / Spouse or Dom Partner		Spouse or Domestic Partner Name
<input type="checkbox"/> HDHP <input type="checkbox"/> PPO	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse or DP		

## Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona for the purpose of confirming eligibility to receive my wellness incentive.

Participant Signature

Date

Your PHI (personal health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

## To be filled out by the Physician or Healthcare Provider:

Date Participant Underwent their (1) Complete Physical Exam with Biometric Screenings; (2) Mammogram; (3) Well-Woman Exam; <b>OR</b> (4) Prostrate Exam
____/____/____

Physician/ Healthcare Provider Printed Name and Signature – **REQUIRED**

Date

Phone Number

## How to Submit Forms to the Wellness Council of Arizona:

- **In-Person:** Submit forms to Health Coach Michele (keep a copy)
- **Email:** Scan and email your completed form to [michele.spear@copahealth.org](mailto:michele.spear@copahealth.org)
- **Fax:** Fax your completed form to 602-566-9097 (follow-up with an email or phone call to verify receipt)

