



2018
WELLNESS REBATE
CERTIFICATION FORM
For Employees with
BLUE SHIELD OF CALIFORNIA (BSC)
Medical Coverage
(Payment Authorization and
Wellness Consultation Information)

EGUSD USE ONLY

Verified: _____

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

2. Glucose & Cholesterol Screening Completed: _____ Date: _____
Employee's Physician/Representative or Lab Technician Signature/Sticker
 Your PCP's office will direct you to the designated lab. This screening is a zero co-pay visit. Fasting is not required, but recommended.

- If labs are ordered prior to your Wellness Consultation (at the discretion of the PCP's office), your PCP's signature above at the end of your Wellness Consultation indicates completion of this requirement.
- If labs are ordered during your Wellness Consultation, have your PCP's office or the lab technician sign or affix a sticker to the form upon completion of the labs to indicate completion of this requirement.

3. Health Risk Assessment Completion Date (per employee): _____
 A health risk assessment is a series of questions to help employees become aware of any health risks. The District will not have access to your individual answers. Completion of this requirement is accomplished by taking the assessment offered through BSC by visiting www.mywellvolution.com and clicking on the health risk assessment logo. After completing the assessment, enter the date it was completed.

4. Wellness Consultation Completed: _____ Date: _____
Including Blood Pressure & Body Mass Index (BMI) Employee's Physician/Representative Signature
 A Wellness Consultation is a visit with your PCP that includes information regarding recommended age-appropriate screenings and a review of your biometric screens (Glucose & 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 \$30 co-pay. You may contact BSC for any questions at (855) 747-5800 (for Trio HMO members) or (855) 256-9404 (for PPO members). **PROVIDER: PLEASE BILL THIS AT \$0 COPAY USING ICD10 CODE Z0000 AND PROCEDURE CODE G0438.**

5. Employee Certification

Before submitting this form, did you:

- Complete shaded items 1, 3, and 5?
- Obtain approvals from your Primary Care Provider (PCP) for items 2 and 4?

I certify that I have completed the necessary requirements above and hereby authorize my BSC 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. No private health information is to be disclosed as part of the confirmation.

Employee Signature: _____ Date: _____

- Instructions on Completing Wellness Rebate Certification Form for Blue Shield of California (BSC) members:**
- Schedule an appointment 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. At the discretion of the PCP's office, labs may be ordered prior to or during the Wellness Consultation appointment.
NOTE: BSC ALLOWS ONE WELLNESS CONSULTATION EVERY 12 MONTHS AT NO CHARGE
 - Complete labs at a facility designated by your PCP's office.
 - 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 intra-district mail or in person.

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 or in person.