

## 2020

## WELLNESS REBATE CERTIFICATION FORM

For Employees with

**KAISER PERMANENTE (KP)** 

Medical Coverage (Payment Authorization and Wellness Consultation Information)

EGUSD USE ONLY				
Verified:				

## **SUBMIT TO PAYROLL AFTER 11/1/19**

1. Employee EIN: First Name:	Last Name:				
Phone #: Confirmation Email:	Work Location:				
Contact your Primary Care Provider (PCP) to order your EGUSD Wellness lab work.	Employee's Physician/Representative Signature No appointment is required once the lab work has been ordered. You may drop in to any quired – please confirm with your PCP's office at the time labs are ordered. Do not ask				
	s you require more comprehensive labs. Completion of this requirement is indicated by				
3. Health Risk Assessment A health risk assessment is a series of questions to help employees become aware of Completion of this requirement is accomplished by taking the Total Health Assessment clicking on the health risk assessment logo. After finishing the THA, enter the date it	ent (THA) offered through Kaiser Permanente by visiting <a href="www.egusd.net/wellness">www.egusd.net/wellness</a> and				
4. Wellness Consultation Completed:	Date:				
4. Wellness Consultation Completed:  Including Blood Pressure & Body Mass Index (BMI)  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 per calendar year 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.					
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 author and have been informed of recommended age-appropriate screenings. I understand disclosed as part of the confirmation.	ize <u>Kaiser Permanente</u> to confirm that I have received an annual Wellness Consultation that completed forms are subject to verification. <i>No private health information is to be</i>				
Employee Signature:	Date:				
Instructions on Completing Wellness Rebate Certification Form for Kaiser Permane					
□ Schedule an appointment with your Primary Care Provider (PCP) and request lab KP.org on-line member access:  Schedule an appointment for May 21, 2019 or after by choosing "routine checkup	Phone contact:  " Call your Primary Care Providers (PCP) office to request a routine checkup or physical				
or "physical" as the appointment choice and	appointment for May 21, 2019 or after and				
send a message to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation	ask that a message be sent to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation  ULTATION PER CALENDAR YEAR AT NO CHARGE				
☐ Complete labs at a Kaiser Permanente laboratory facility at least 2 days prior to appointment.					
☐ Complete the online health risk assessment (see Box 3 below for additional information).					
<ul> <li>Complete the appointment with your PCP – bring this form and ask the PCP to approve Boxes 2 and 4 above.</li> <li>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 &amp; Benefits office via intradistrict mail or in person.</li> </ul>					