



## 2023 Fred Beans Annual Physical Wellness Incentive Wellness Screening Form

Have your doctor complete the below information and send this completed and signed form to the fax number or email address below. Please be sure to keep a copy of the form for your personal records.

### Section 1: Patient Information and Attestation (to be completed only by patient)

Patient Name (Last, First)		Employee Name (if different than Patient Name)	
Date of Birth	Phone Number	Email Address (if available)	Medical Member ID
Street Address			
City	State	Zip Code	Date of Appointment

I certify that the information I provided above is complete and accurate. I attest that I have received the services as noted below per my practicing physician.

Patient Signature

Date

**Do not submit this form without your physician's signature below.** Completed forms must be received by June 30<sup>th</sup>, 2023 to have credit applied beginning July 1<sup>st</sup>, 2023. You can fax or email completed forms to HR via (267) 576-7578 or [humanresources@fredbeans.com](mailto:humanresources@fredbeans.com).

### Section 2: Service Information and Provider Attestation (to be completed only by physician)

Please confirm that the patient above has received the following services at their annual wellness examination.

**DO NOT** send any results, simply check the below boxes for each item ordered and completed:

Annual Physical Examination

Lipid Panel and Blood Glucose Reading

Height and Waist Measurements

Blood Pressure Reading

I certify that the information I provided above is complete and accurate. I attest that the patient listed above has received the services indicated.

Physician Signature (or office stamp)

Date

Name (*printed*)

Phone Number

