Primary Care Physician Annual Physical Verification Program

- Take the Annual Physical Verification Form to your Primary Care Physician (PCP) for your annual visit prior to (3/31/2021).
- Ask your Primary Care Physician to complete the form and follow the instructions below for submission of the form.
- HealthWorks will record that you have completed the annual visit. To check for completion visit the HealthWorks portal.
- Employer will receive confirmation that you have completed this portion of the Health Management Initiative.
ANNUAL PHYSICAL VERIFICATION FORM

DEADLINE: Please return by: 3/31/2021

TO BE COMPLETED BY PATIENT:

Name: ________________________________________________________ Gender (Circle) M / F

Home Address ___________________________________________________________________

(Street, City, State, Zip)

Email: _____________________________________________ Phone: ___________________

Employer: __Wright State University______________________________________________

DOB: _______________ Last 4 WSU ID#: __________ Insurance ID#: __________________

PHYSICIAN VERIFICATION:

This form is to verify an annual physical/well-check visit for a wellness program offered through the patient’s employer. To receive credit, it is required that this form be completed and returned to HealthWorks.

I, ____________________ (Physician Name), conducted an annual physical/well-check office visit for the patient listed above. This visit was completed on ________________________ (Date).

Patient Signature: ___________________________________________ Date: _______________

Physician Signature: ___________________________________________ Date: _______________

REQUIRED (please print or stamp):

Physician Name: ________________________________
Phone: ________________________________________
Address: ________________________________________

PATIENT: For credit, please return this form to HealthWorks by one of the following methods:

1. Upload a copy online via your personal dashboard:
   - Visit cincyhealthworks.com
   - Click Elevate Login (follow login instructions)
   - Upload to the ‘Annual Physical Verification’ link
2. Scan/Email to: offsite@cincyhealthworks.com
3. Fax to: (513) 751-0018
4. Mail to: HealthWorks
   4329-B Red Bank Road
   Cincinnati, OH 45227
   513-751-1288

HealthWorks
Building Healthy Worksites

513-751-1288