

# Physician Form



Form can be submitted between  
October 1, 2023 – August 31, 2024  
to [cityofroswell.wellright.com](http://cityofroswell.wellright.com)

## Instructions to wellness program participant

To allow an annual exam performed by your healthcare provider to satisfy the annual exam component of your wellness incentive, please complete this form and submit it to your Everside Health wellness portal at [cityofroswell.wellright.com](http://cityofroswell.wellright.com). The examination must have been performed on or after October 1, 2023, and completed forms provided to Everside Health by August 31, 2024, to qualify for an insurance premium differential for 2025. All participant health information under Everside Health's wellness program is protected in accordance with HIPAA privacy and security laws; however, services for an Employer's wellness program and confirmation annual exam was completed is not protected by HIPAA and this limited information will be shared with the employer to administer the wellness program.

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

## To be completed by health care physician

By signing below, I affirm that the participant listed above has completed an annual exam during the time frame between October 1, 2023, and August 31, 2024.

PROVIDER NAME/CLINIC: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

