Physician Verification Form

Dear Physician,

As part of a comprehensive wellness program, we are encouraging our employees to attend a preventive wellness visit with their physician. Our hope is to increase knowledge and awareness of general healthy lifestyles and encourage positive behavior change for our employees.

*This exam should be covered as a preventive wellness visit under your patient’s employer’s medical plan. Please ensure that your office codes this visit as a preventive wellness visit so that your patient will not be charged.*

**This is not a request for results**. This form simply acknowledges that the exam/visit was performed. Results of individual tests should be provided to the employee.

*Please complete this portion of the form, sign the bottom and return it to the employee*.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Physician Verification Form should be returned to Cottonwood Human Resources no later than November 30, 2024.**