

## Caregiver Wellness Verification Form

Dear Provider,

Your patient is participating in a voluntary wellness program provided through their employer (or spouse's employer). This program is designed to educate and encourage your patient to adopt and maintain behaviors related to a healthy lifestyle. Your patient has been asked to complete a wellness visit their provider and complete biometric bloodwork including a CMP, lipid panel, and A1C.

**Please complete and return this form back to your patient so they can upload it to their ReadySet portal for credit.**

<p><b>Patient Information</b></p> <p>Last Name: _____ First Name: _____ M.I.: _____</p> <p>Date of Birth: _____ Employee ID: _____</p> <p>Date of Wellness Visit: _____</p> <p>Date of labs completed including CMP, lipid panel, and A1C: _____ <b>(Required)</b></p>
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### Provider Information

Must be completed by a licensed health professional (M.D., D.O., NP, PA)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Provider TIN #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Provider Office Use Only – It is important that this exam is coded correctly for billing purposes:

- Primary Diagnosis Routine Physical Z00.00
- Well Visit and Physical – use CPT Code 99381-99397
- Modifier IH must be added

If you have questions or issues with billing for this process, WebTPA will be happy to help.