

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>Patient Information</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: _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.