Preventive Exam Confirmation for CCISD health plan members



CCISD HEALTH PLAN MEMBER AND COVERED SPOUSE INSTRUCTIONS

Corpus Christi ISD is offering a premium reduction of \$30 per pay period to BCBSTX health plan members and covered spouses who receive an on-site Preventive Checkup from Catapult Health prior to March 31, 2014. Health plan members who instead prefer to go to their personal physician may still receive the premium reduction incentive by carefully following these instructions:

- + Your personal physician would need to perform a basic preventive checkup including all the items listed in the table below between November 1, 2013 and March 31, 2014.
- + All information requested in the table below must be completed by your physician in order to qualify for the premium reduction to be awarded.
- Once complete, <u>you</u> must fax your completed form to Catapult Health (no cover page necessary) at 877-885-9904 by 5pm on Monday, March 31, 2014. This is your responsibility, not your physician's.

PATIENT AUTHORIZATION AND RELEASE (PLEASE PRINT CLEARLY)

I agree to the release of the information requested below from my personal physician to Catapult Health in order to complete requirements for Corpus Christi ISD's wellness incentive.

PATIENT'S NAME:	DATE OF BIRTH://		
PATIENT'S SIGNATURE:	DATE:		

EMAIL (Catapult Health will email you a confirmation once form is received): ______

PROVIDER INSTRUCTIONS

Corpus Christi ISD has partnered with Catapult Health to provide worksite wellness initiatives. Please complete the information below and return this form to your patient.

Provider's Name		Provider's Signature		
Date of Tests		Did patient fast?	□ YES	
Total Cholesterol	mg/dL	HDL Cholesterol		mg/dL
Triglycerides	mg/dL	LDL Cholesterol		mg/dL
Glucose	mg/dL	A1C (optional)		%
Blood Pressure	/	Preventive Exam Performed?	□ YES	
This completed form must be FAXED to Catapult Health at 877-885-9904 by March 31, 2014.				

+ www.CatapultHealth.com +-