

Preventive Exam Confirmation for CCISD health plan members



CCISD EMPLOYEE INSTRUCTIONS

Corpus Christi ISD is offering a premium reduction of \$30 per pay period to adult BCBSTX health plan members who receive an on-site Preventive Checkup from Catapult Health prior to March 31, 2013. 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, 2012 and March 31, 2013.
- + 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, you must fax your completed form to Catapult Health (no cover page necessary) at **877-885-9904** by 5pm on Friday, March 31, 2012. **This is your responsibility, not your doctor's.**

PATIENT AUTHORIZATION AND RELEASE

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: _____

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**This completed form must be FAXED to Catapult Health at 877-885-9904.
It must be received by 5pm on Friday, March 31, 2013.**

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