

ATSG Healthy Directions Well-being Program

2023 Annual Physical Verification and Screening Form

NOTICE TO MEMBER

Please fill out the top portion of this form and take it to your medical provider when you complete your Annual Physical, including a biometric screening. This activity must occur between January 1, 2022 and November 30, 2022 to count towards the ATSG Healthy Directions Well-being Program activities. Once completed by your provider, it is YOUR responsibility to submit this form to the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO ATSG THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE ID

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NOTICE TO PROVIDER

Your patient has an opportunity to complete an annual physical, including a biometric screening, as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

| QUALIFYING PROGRAM ACTIVITY | DATE OF EXAM | PROVIDER INITIALS |
|----------------------------------|------------------------|--|
| ANNUAL PHYSICAL | | |
| ANNUAL HEALTH SCREENING CRITERIA | DATE TEST ADMINISTERED | RESULTS |
| BODY MASS INDEX (BMI) | | Height _____ in. / Weight _____ lbs BMI _____ . _____ |
| WAIST CIRCUMFERENCE | | Value: _____ in. |
| BLOOD PRESSURE | | Value: _____ / _____ mmHg |
| TOTAL CHOLESTEROL | | Value: _____ mg/ dL |
| HDL CHOLESTEROL | | Value: _____ mg/dL |
| TOTAL CHOLESTEROL TO HDL RATIO | | Value: _____ . _____ |
| HEMOGLOBIN A1C | | Value: _____ % |

TODAY'S DATE

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

DEADLINES: Please fax, email, or mail this form to Marathon Health using the information below. You must submit this form no later than November 30, 2022.

Marathon Health
P: 866.434.3255 | F: 866.422.0915 |
10 W. Market Street, Suite 2900
Indianapolis, IN 46240

E: Member@marathon-health.com

