

Wilson County

Physician Screening Form

To receive incentive co-share credit this form must be completed by your doctor and returned to the Wilson County Human Resource Department by December 31, 2018. Please email the completed form to amendoza@wilsoncountytexas.gov or fax to (830) 393-7371

EMPLOYEES WHO DO NOT PROVIDE PROOF OF WELLNESS PHYSICAL BY 12/31/2018 WILL PAY A \$25 PER MONTH PHYSICAL SURCHARGE UNTIL 9/30/2019.

Keep in mind; wellness will be paid at 100% on all three health plan options with no co-pay applied. It's important to know, a wellness exam includes a routine exam by a Family or General Practitioner/Internist OR a well man or well woman exam by either of these providers OR a well woman exam by an OB/GYN. To ensure your wellness benefit is applied to wellness at 100%, make sure the claim coding is correct upon check-out on the date of your visit.

FORMS WILL NOT BE ACCEPTED AFTER 12/31/2018.

TO BE COMPLETED BY EMPLOYEE (Please Print)

Last Name	First Name	MI
____/____/____	_____	(____) _____
DOB (MM/DD/YYYY)	Employee ID	Employee Phone

Employee Signature: _____ Date: _____

I certify that I have completed for this patient a wellness exam. Furthermore, I certify that this form has been completed by a member of my staff and faxed from my office to the appropriate party listed above.

Physician's Name	Physician's Signature	MM/DD/YYYY
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Physician's address: _____ Physician's telephone: _____

Wilson County Human Resources
 2 Library Lane, Ste. 104
 Floresville, Texas 78114
 (830) 393-7351 phone
 (830) 393-7371 fax
amendoza@wilsoncountytexas.gov email

