



## PROOF OF ANNUAL PHYSICAL

**In order to receive all applicable incentives for getting your comprehensive annual physical, this form MUST be signed by your primary care provider and returned to the Enterprise Solutions Human Resources office.**

### Employee Section:

Patient Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
(Please Print) (Please Print)

### Physician Section:

I have met with this Enterprise Solutions employee and conducted a comprehensive annual wellness visit. At a minimum I have discussed with this patient any concerns or risks they may have regarding their weight, smoking status, cholesterol, blood pressure, or glucose levels and provided information on any recommended preventive care screenings. **This is an annual physical visit, not a "sick" visit, and will be coded as such.**

Provider Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Address: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for the care that you provide to this employee. Our wellness program is designed to reward employees for getting necessary preventive care and making lifestyle changes to reduce their risk of chronic illness or disease. We offer financial rewards for wellness program participation and smoking cessation. We are dedicated to helping our employees establish a usual source of care and believe that a known primary care physician is the best person to manage healthcare needs. If you would like to more information about our wellness program, please let us know.*

*Enterprise Solutions Human Resources 615-350-7270 ext. 5009*

Associates: If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call Enterprise HR and we will work with you to develop another way to qualify for the reward.