## ANNUAL PHYSICAL VERIFICATION FORM INSTRUCTIONS



Thank you for choosing to participate in the wellness program being offered through your company. If you have chosen to complete your annual check up at your personal physician's office, please follow the steps below to receive credit:

- Take the Annual Physical Verification Form to your Primary Care Physician for your annual visit by (12/13/2024).
- Ask your Primary Care Physician to complete the form.
- Follow instructions at the bottom of the forms in order to submit for credit.
- HealthWorks will record that you have completed your annual visit.
- Your employer will receive confirmation that you have completed this portion of your wellness program.

Thank you,

The HealthWorks Team

## **ANNUAL PHYSICAL VERIFICATION FORM**



American Trim DEADLINE: 12/13/2024

PERSONAL INF	ORMATION		
(USE CAPITALLETTERS)  Date Of Birth :  Home Address :	/	Gender : Male Female	
	Last 4 SSN		
PHYSICIAN VI	ERIFICATION		
	rify an annual physical/well-check visit for a ver. To receive credit, it is required that this fo		
	(Physician Name), coepatient listed above. This visit was complete	• • •	k
Physician Signature	:	Date :	
Patient Signature	:	Date :	
PHYSICIAN IN	FORMATION		
Physician Name Physician Address Phone Number	:		

## Patient: for credit, return this form to HealthWorks by one of the following methods:

- Upload a copy online via your personal dashboard:
  - Visit: portal.healthworksdata.com
  - Follow login instructions
  - Upload to the 'Annual Physical Verification' link
- Scan/Email to: offsite@cincyhealthworks.com
- Fax to: (513) 751-0018

Physician Signature :

• Mail to: HealthWorks, 4350 Glendale-Milford Road, Suite 110, Blue Ash, OH 45242