

## 2019 Annual Preventive Physical Form

**EMPLOYEES:** Earn a \$400 payroll stipend by completing an annual preventive physical with a primary care provider and the online health assessment before January 1, 2020. The Annual Preventive Physical Form must be used to confirm completion of an annual preventive physical. **The completed form, signed by the primary care provider, along with the participant's Explanation of Benefits (EOB)\* document must be received by Corporate Health Services no later than March 1, 2020, to earn \$400 for the 2019 program year.**

**SPOUSES / QUALIFIED DOMESTIC PARTNERS:** Earn a \$200 payroll stipend by completing an annual preventive physical with a primary care provider before January 1, 2020. The Annual Preventive Physical Form must be used to confirm completion of an annual preventive physical. **The completed form, signed by the primary care provider, along with the participant's EOB\* must be received by Corporate Health Services no later than March 1, 2020, to earn \$200 for the 2019 program year.**

**SINGLE EMPLOYEES WITH DEPENDENT CHILDREN:** One qualifying dependent child can earn \$200 by completing an annual preventive physical visit with their primary care provider before January 1, 2020. The Preventive Physical Form must be used to confirm completion of an annual preventive physical. **The completed form, signed by the primary care provider, along with the participant's EOB\* must be received by Corporate Health Services no later than March 1, 2020, to earn \$200 for the 2019 program year.**

### STEPS TO RECEIVE YOUR WELLNESS INCENTIVE:

- 1) Schedule an annual preventive physical with your primary care provider. Make sure services are coded as "preventive" — remind the doctor/nurse/receptionist that you have come for a preventive exam and that services should be coded as "preventive" and not "diagnostic." Generally, in-network preventive services should be covered by your health plan at 100%. Services coded as diagnostic or coded improperly may not be covered in full and you may be required to pay a deductible and coinsurance.
- 2) Bring the Annual Preventive Physical form to the appointment and have the primary care provider complete and sign the form. The authorized signature from your primary care provider verifying the completion of the preventive physical is required to be eligible.
- 3) Upon completion of an annual preventive physical, the signed form needs to be submitted to MPC Corporate Health Services along with an Explanation of Benefits (EOB)\* document. Individual forms and EOBs will need to be submitted for employees and spouses/qualified domestic partners. For the eligible family members to earn the incentive, the employee must complete their preventive physical between January 1, 2019 and December 31, 2019 and submit the necessary forms before March 1, 2020.

Return the completed form and preventive physical EOB\* to Corporate Health Services through the "Submit Preventive Physical Form" link on the Well ALL Ways MPC Connect website:

- o Visit the Front Page > Employee Center > Well ALL Ways > Submit Annual Preventive Physical Form

- 4) After Corporate Health Services receives your Annual Preventive Physical Form and preventive physical EOB\* document, the incentive will be applied to the employee's paycheck within 2-3 pay periods following the date on which the form was submitted.

**PARTICIPANT INFORMATION (required): Complete information in blue boxes below for the participant completing the preventive physical.**

<b>MPC employee ID number:</b>	<b>MPC Employee Name:</b> (please print)
<b>Preferred Telephone Number:</b>	<b>Preferred Email:</b>
<b>Spouse/Qualified Domestic Partner Name:</b>	<b>Child Dependent Name:</b> (of single employee)

I hereby confirm that the information contained on this form is accurate and complete and verifies that I (or my spouse/qualified domestic partner/dependent child) completed an annual preventive physical with the primary care provider listed below on the date set forth below. I understand that providing false or misleading information on this form may subject me to disciplinary action, up to and including termination of employment.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PREVENTIVE PHYSICAL VALIDATION (required) – Primary Care Provider must indicate date of preventive physical and sign.**

<b>Primary Care Provider Name:</b>	<b>Clinic/Practice Name:</b>
<b>Primary Care Provider Address:</b>	<b>Telephone Number:</b>

**Patient completed a preventive physical on** \_\_\_\_\_ **(enter date of Preventive Physical; must have date to get Wellness Incentive)**

**Primary Care Provider Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_

\*For information about where to find your Explanation of Benefits (EOB) document, visit the Well ALL Ways MPC Connect website located under the Employee Center off the Front Page. For other general questions about this program, please contact Well ALL Ways at [wellallways@marathonpetroleum.com](mailto:wellallways@marathonpetroleum.com) or call 1-866-808-5706.

