



## Dependent Child Preventive Physical Form

**Please read the below information and complete the applicable sections.** This form applies **ONLY** to regular full-time single parent employees or regular part-time single parent employees **that have at least one qualifying dependent child**. You and/or your eligible family members do not have to be enrolled in Marathon's Health Plan in order to take advantage of this program.

**SINGLE EMPLOYEES WITH DEPENDENT CHILDREN:** One of your qualifying dependent children can earn \$150 by completing an annual preventive physical visit with their primary care provider and submitting this completed form to Well ALL Ways.

**STEPS TO RECEIVE THE DEPENDENT CHILD WELLNESS INCENTIVE:**

- 1) Schedule an annual preventive physical on behalf of your qualified dependent child. Make sure services are coded as "preventive" — remind the doctor/nurse/receptionist that the visit is for a preventive physical and that services should be coded as "preventive" and not "diagnostic." In-network preventive services should be covered at 100%. Services coded as diagnostic or coded improperly not be covered in full by your child's health plan. As a result, you may be required to pay a deductible and coinsurance for services received.
- 2) Bring this Dependent Child Preventive Physical Form to the preventive physical. Ask your child's health care provider to complete and sign.
- 3) Submit the completed form to **Well ALL Ways** via electronic upload by December 31, 2018, to earn \$150.
  - o The upload function for this form is located on the Well ALL Ways MPCConnect website. You must be on the MPC network in order to submit this form.
  - o Visit the Front Page > Employee Center > Well ALL Ways > Dependent Child Preventive Physical Form
- 4) Allow for 2-3 pay periods for processing. To check the status of your incentives, refer to the <http://mympcwellallways.com> website and click on Rewards. In order for the eligible family members to earn the wellness incentive, the employee must complete their annual preventive physical and submit the completed form between January 1, 2018 and December 31, 2018.

<b>Section 1: Employee &amp; Dependent Child Information (required):</b> Participant must complete all information below			
<b>MPC Employee ID:</b> (8-digit MPC employee number)		<b>Employee's Full Name:</b> (please print)	
<b>Dependent Full Name:</b>		<b>Dependent Date of Birth:</b>	
I hereby authorize the health care provider listed below to verify that my child listed above completed a preventive physical exam on the date listed below. I further understand that providing false or misleading information on this form is subject to disciplinary action, up to and including termination of employment.			
<b>Employee Signature:</b> _____		<b>Date:</b> _____	

<b>Section 2: PREVENTIVE PHYSICAL VALIDATION (required) – Primary Care Provider must indicate date of preventive physical and sign.</b>			
<b>Patient completed a preventive physical on</b> _____ <b>(enter date of Preventive Physical; must have date to get Wellness Incentive)</b>			
<b>Form MUST show Primary Care Provider Signature below to be Valid</b>			
<b>Dependent's Primary Care Provider Name:</b>		<b>Clinic/Practice Name:</b>	
<b>Primary Care Provider Address:</b>		<b>Telephone Number:</b>	
<b>Primary Care Provider Signature:</b> _____		<b>Date of Signature:</b> _____	

**QUESTIONS:** For any questions about this program, please contact [wellallways@marathonpetroleum.com](mailto:wellallways@marathonpetroleum.com) or call **1-866-808-5706**.