



2018
WELLNESS REBATE
CERTIFICATION FORM
For Employees with
KAISER PERMANENTE (KP)
Medical Coverage
(Payment Authorization and
Wellness Consultation Information)

EGUSD USE ONLY

Verified: _____

SUBMIT TO PAYROLL AFTER 11/1/17

1. Employee EIN: _____ First Name: _____ Last Name: _____
 Phone #: _____ Confirmation Email: _____ Work Location: _____

2. Glucose & Cholesterol Screening Completed: _____ Date: _____
Employee's Physician/Representative Signature
 Contact your Primary Care Provider (PCP) to order your EGUSD Wellness lab work. No appointment is required once the lab work has been ordered. You may drop in to any KP laboratory for screening. This screening is a zero co-pay visit. Fasting may be required – please confirm with your PCP's office at the time labs are ordered. Do not ask laboratory personnel to sign this form. A co-pay may be required if your PCP decides you require more comprehensive labs. Completion of this requirement is indicated by your PCP's signature above at the end of your Wellness Consultation.

3. Health Risk Assessment Completion Date (per employee): _____
 A health risk assessment is a series of questions to help employees become aware of any health risks. The District will not have access to your individual answers. Completion of this requirement is accomplished by taking the Total Health Assessment (THA) offered through Kaiser Permanente by visiting www.egusd.net/wellness and clicking on the health risk assessment logo. After finishing the THA, enter the date it was completed.

4. Wellness Consultation Completed: _____ Date: _____
Employee's Physician/Representative Signature
 Including Blood Pressure & Body Mass Index (BMI)
 A Wellness Consultation is a visit with your PCP that includes information regarding recommended age-appropriate screenings and a review of your biometric screens (Glucose & Cholesterol screening), blood pressure screening, BMI, and health risk assessment. Blood pressure screening and BMI, which is a height and weight measurement, will be completed as part of your Wellness Consultation. One Wellness Consultation appointment per calendar year is a zero co-pay visit. If your Wellness Consultation becomes a more comprehensive appointment about matters outside the area of the Wellness Consultation, the visit may be subject to a \$30 co-pay.

5. Employee Certification
 Before submitting this form, did you:
 Complete shaded items 1, 3, and 5?
 Obtain approvals from your Primary Care Provider (PCP) for items 2 and 4?
 I certify that I have completed the necessary requirements above and hereby authorize Kaiser Permanente to confirm that I have received an annual Wellness Consultation and have been informed of recommended age-appropriate screenings. I understand that completed forms are subject to verification. *No private health information is to be disclosed as part of the confirmation.*
 Employee Signature: _____ Date: _____

Instructions on Completing Wellness Rebate Certification Form for Kaiser Permanente (KP) members:

Schedule an appointment with your Primary Care Provider (PCP) and request labs by either:
 KP.org on-line member access: _____ Phone contact: _____
 Schedule an appointment by choosing "routine checkup" or "physical" as the appointment choice Call your Primary Care Providers (PCP) office to request a routine checkup or physical appointment
 and and
 send a message to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation ask that a message be sent to your Primary Care Provider (PCP) requesting labs for your EGUSD Wellness Consultation

NOTE: KP ALLOWS ONE WELLNESS CONSULTATION PER CALENDAR YEAR AT NO CHARGE

Complete labs at a Kaiser Permanente laboratory facility at least 2 days prior to appointment.
 Complete the online health risk assessment (see Box 3 below for additional information).
 Complete the appointment with your PCP – **bring this form and ask the PCP to approve Boxes 2 and 4 above.**
 Review the form to ensure items 1-5 are completed (employees are to complete shaded items), retain a copy of form for your records, and return the original form to EGUSD Compensation & Benefits office via intradistrict mail or in person.

Retain a copy of completed form for your records and return the original completed form to District Compensation & Benefits office, Room 107, via intradistrict mail or in person.