



LIGHTING ELECTRICAL

# Corporate Care Clinic

Preventative Care Rewards Program

2023 Provider Confirmation Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please provide the dates of the most recent activity below. **Do not** include any results from tests performed.

| Preventative Care Activity                    | Date Last Completed |
|---|---------------------|
| Office – Wellness Visit with Blood Work Panel |                     |
| Blood Pressure                                |                     |

Physician Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Important Employee Information:

- Return the completed **and** signed form to the HR Department
- Employees who complete a wellness screening are eligible for a \$250.00 incentive.
- Spouses who complete a wellness screening **and** are enrolled in the Inline health insurance plan are also eligible for the \$250 incentive.