

## 2018 - 2019 Proof of Physical Form

If you will be having your wellness program lab work (screening) done by your personal physician, here are the steps that you need to complete.

- 1) Make an appointment with your physician, letting the physician's office know that you will need a **physical that includes the following lab work/testing, and be sure to follow any directions your physician's office provides for fasting:**
  - a. Height
  - b. Weight
  - c. BMI
  - d. Blood Pressure
  - e. Total Cholesterol (fasting)
  - f. Glucose (fasting)
- 2) On the day of the lab work, bring a copy of the Proof of Physical Form with you. Your physician or physician's office must complete the form in its entirety. Forms turned in without a signature will not be accepted.
- 3) The completed Proof of Physical Form must be returned by you to Denise Holland, Benefits Director, in the Newton Grove NC office ONLY. This information can be mailed in a **sealed envelope** (Hog Slat, Attn: Denise Holland, PO Box 300, Newton Grove NC 28366), or scanned and emailed to [WELLNESS@HOGSLAT.COM](mailto:WELLNESS@HOGSLAT.COM). **PLEASE DO NOT FAX THIS PRIVATE HEALTH INFORMATION.**
- 4) Remember that participation in the Hog Slat Wellness program is completely voluntary. Your ability to enroll in the Hog Slat Health plan will not be affected by your decision to participate. However, participation in the program will be rewarded with a discount on your health insurance premium.
- 5) Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Hog Slat HR office and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# 2018 -2019 Hog Slat Wellness Program Proof of Physical Form

(TO BE COMPLETED BY PHYSICIAN/NURSE/PA/NP)

**PLEASE NOTE: THIS VISIT IS AN ANNUAL PHYSICAL – A PREVENTIVE CARE (WELLNESS) VISIT, NOT A SICK VISIT – AND SHOULD BE CODED AS SUCH. IF THE PATIENT NEEDS A FOLLOW UP VISIT OR “SICK” VISIT, PLEASE HAVE THEM MAKE A SEPARATE APPOINTMENT. HOG SLAT COVERS ANNUAL PHYSICALS WITH ROUTINE LAB WORK AT 100% AS PER ACA.**

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Hog Slat Employee Number (if applicable) \_\_\_\_\_

Is this patient the spouse of Hog Slat employee? \_\_\_\_\_

If Yes, please provide the spouse’s name: \_\_\_\_\_

**Please provide the patient with a copy of the following biometric lab values and discuss their results. The patient will need these values to complete an online health assessment:**

- ✓ Height / Weight / BMI
- ✓ Blood Pressure
- ✓ Glucose
- ✓ Total Cholesterol

**Date of Physical Office Visit:** \_\_\_\_\_ **Date of Lab Work:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**PLEASE DO NOT FAX THIS INFORMATION. PLEASE RETURN IT TO THE PATIENT OR EMAIL IT TO WELLNESS@HOGSLAT.COM**

*Thanks so much for the care that you provide to this employee and/or spouse. Our wellness program is designed to reward our associates for getting necessary preventive care and making lifestyle changes to reduce their risk of chronic illness or disease. We offer financial rewards for wellness program participation, smoking cessation help, fitness programs, and weight management programs. If you would like to more about our wellness program, please let me know.*

*Denise Holland, MHA SPHR CCWP  
Benefits Director, Hog Slat Inc.  
[dholland@hogslat.com](mailto:dholland@hogslat.com)*