

Wellness Visit Form



MEMBER SUBMISSION INSTRUCTIONS:

Complete this form and return it to HealthPlus via e-mail, fax or mail.

Email: wellness@healthplus.org **Fax:** (810) 496-8470

Mail: Health & Lifestyle Dept., HealthPlus of Michigan, 2050 S. Linden Road, Flint, MI 48532

Questions? Call HealthPlus directly at 1-866-810-4540

IMPORTANT NOTE: This form **MUST** be completed by **both** the member and provider. The member is responsible for submitting the completed form to HealthPlus by the employer's deadline.

SECTION 1 TO BE COMPLETED BY MEMBER		
Member Name (Last, First, Middle Initial)		Member email address
Member Date of Birth / /	HealthPlus ID Number H _ _ _ _ _ - _ _	Phone Number () -
<i>The information I have supplied to my provider is complete and accurate.</i>		
Member's signature:		

SECTION 2 TO BE COMPLETED BY PROVIDER-All sections must be filled out Health data 6 months prior to the member's effective date may be used.		Date of Visit / /
TOBACCO USER-REQUIRED (Includes all forms of tobacco)	BODY MASS INDEX-REQUIRED	BLOOD PRESSURE-REQUIRED
(Required- Please check one) <input type="checkbox"/> A. Nonsmoker/nonuser <input type="checkbox"/> B. Tobacco user	(Required- height, weight and BMI) Height: _____ inches Weight: _____ pounds BMI: _____	(Required- Systolic and Diastolic BP) Systolic BP: _____ Diastolic BP: _____
LIPID PANEL AND GLUCOSE TESTS (Check all that applies)		
<input type="checkbox"/> Fasting lipid panel and glucose tests done within the last 6 months	Date Completed: ___/___/___	
<input type="checkbox"/> Fasting lipid panel and glucose tests ordered	Date Ordered: ___/___/___	

SECTION 3 AFTER COMPLETING SECTION 2, PLEASE SIGN BELOW, KEEP A COPY OF THE FORM AND RETURN THE ORIGINAL TO THE PATIENT		
Provider Name (please print):	Phone () -	NPI #
Provider's Signature:		Date: / /

IMPORTANT PROVIDER NOTES: For billing purposes, use Billing code 99401. Providers should keep a copy of the Wellness Visit Form in the patient's record and return the original to the patient. The HealthPlus wellness programs are provided by HealthPlus of Michigan.

Attention Providers:

You are receiving this form because your patient, a HealthPlus member, has elected to participate in a HealthPlus wellness program designed to promote healthier lifestyles. By participating in the program and completing the required steps, the member will earn an incentive reward from their employer. This program is completely voluntary and was created in partnership with the member's employer. HealthPlus of Michigan administers the program for the employer.

One of the required steps of the program is to meet with their provider to complete this Wellness Visit Form. As this member's primary medical provider, HealthPlus asks that you complete the Wellness Visit Form with the member.

- Review the Health Indicators in Section 2 of the form with the member
- Check the appropriate box for the Tobacco User section-Required
- Enter the members height, weight and BMI-Required
- Enter the members systolic and diastolic blood pressure-Required
- Complete the lab questions
- In Section 3, sign and date the form
- Keep a copy of the form and return completed form to the member for submission

HealthPlus thanks you for your time and commitment to ensuring that our members receive access to quality health care services. Should you have any questions related to the HealthPlus wellness program, please contact the HealthPlus Health and Lifestyle Management Department at: 866-810-4540.

For billing purposes, use billing code 99401 when billing HealthPlus.