

Preventive Care – Provider Confirmation For Employee

Dear Health Care Provider,

I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy. I can earn a reduction in my health care insurance premium contribution if I meet some goals. Being up-to-date with my preventive care is one of these goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests and exams, and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

HEALTH CARE PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that the undersigned patient is up-to-date with recommended preventive care for his/her age, gender, and health risk status.

Depending on the specific patient, this acknowledgement may not require an in-person office visit, simply an affirmation that the patient is up-to-date with recommended preventive care. If the patient is not current, then an office visit and preventive services may be needed.

Health Care Provider Name (printed)

Health Care Provider Signature

License Number: _____

Date: _____

Phone Number: _____

Employee Name (printed)

Employee Signature

If you are covering a spouse on NRP's health plan, he/she must complete the Preventive Care Confirmation Form for Spouse.

Please return this completed and signed form to Human Resources no later than 30 days following your Qualifying Life Event for confidential tracking. You email the signed document to:

Email: Benefits@nrpgroup.com

After sending this form, we recommend that you save the documentation of delivery for your records.

Employee: The validity of this signature may be verified for authenticity. Falsification of information may be subject to disciplinary actions consistent with employee guidelines up to and including employment termination. If you have any questions, please speak with Human Resources.

