the NRP group

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 Provider Confirmation Form for Spouse.

Please return this completed and signed form to the employee/spouse. The employee needs to upload the completed form into Workday through a Help ticket within 30 days of a Life Event or by May 1, 2027 for the 2027-2028 Open Enrollment.

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.