

PHYSICAL EXAM VERIFICATION FORM

COLLECTION PERIOD: (01/1/2025 - 12/31/2025)

ID: 01241-70

Forms accepted for Physicals and Biometrics dated (01/1/2025- 12/31/2025)

To encourage a healthy relationship with a primary care provider, our employees receive incentives for having received the appropriate physical exam. Fields with an asterisk (*) are required to receive incentive dollars.

Participant Information

NAME (Please Print) *	SEX	DATE OF BIRTH (MM/DD/YYYY) *	RELATIONSHIP TO POLICYHOLDER
	MALE <input type="checkbox"/>		EMPLOYEE <input type="checkbox"/>
	FEMALE <input type="checkbox"/>		SPOUSE <input type="checkbox"/>

PUID* (10 DIGIT NUMBER)

EMAIL ADDRESS FOR CONFIRMATION*

Authorization to Release Protected Health Information to My Employer

I understand that by submitting this form, Vital Incite may report to my employer the following information about me: a) name; b) date of birth, c) whether I have verified that I have received my annual physical and d) whether I have met the program compliance. Also, I understand that if Vital Incite submits this form to my Employer that I will receive an email verification from Vital Incite. I agree that if I do not receive an email verification, it is my responsibility to verify with Vital Incite that my form has been submitted to my Employer. Notwithstanding, I agree that Vital Incite bears no responsibility, or any legal liability, for its failure to submit this form to my employer.

Patient Signature: _____ Date: _____

Primary Care Provider Information

DATE OF PHYSICAL EXAM*	PCP SIGNATURE*	PCP NAME *
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Please use Z00.00 for the DX code and procedure codes 99381-99387 or 99391-99397 to code for the wellness physical.

Biometric Values (optional): (Primary Care Provider Completes the Section Below)

To earn additional incentive dollars all 'Values' and 'Date of Measure' must be provided.

HEIGHT (in)	WEIGHT (lbs.)	BODY MASS INDEX (BMI)	A1c	BLOOD PRESSURE
TOTAL CHOLESTEROL	LDL CHOLESTEROL	HDL CHOLESTEROL	TRIGYCERIDES	FASTING GLUCOSE

DATE OF MEASURE

Please submit this form to
Vital Incite by fax:
317.960.4180

Or scan and email your form
to Vital Incite here:
admin@vitalincite.com

Or mail to: 9339 Priority Way W Dr, Suite 105
Indianapolis, IN 46240

Questions?

Call (317) 660-4250 or email: admin@vitalincite.com