



## Annual Wellness Exam Incentive Program - 2022

The City of Billings health insurance committee is promoting a voluntary wellness exam incentive for active employee and spouse (if applicable) enrolled in the City of Billings “medical” plan. This program does not apply to Retirees or COBRA participants. This form can be found on the public city website under: Your Government, Human Resources, Forms and Resources. <https://ci.billings.mt.us/417/Forms-and-Resources> The \$100 gift cards are processed quarterly and are always issued to the employee and are subject to fringe benefit payroll taxes. For example, typically 1<sup>st</sup> quarter gift cards will be issued by the end of April. The deadline for 4<sup>th</sup> quarter forms is 5:00pm January 6, 2023.

### PARTICIPANT Acknowledgement, section:

By completing this form, I acknowledge all information provided in this document regarding this incentive program. The Annual Wellness Exam incentive is primarily focused on preventive care, health screening and wellness planning. It gives me an opportunity to have a conversation with my primary Healthcare Provider about my health status and goals. My primary Healthcare Provider will create a plan to help me meet those goals, maximize my well-being, and determine what preventive care I need based on my age and gender. ***This incentive will not be awarded for only annual screenings, such as: mammogram or colonoscopy.***

I understand a healthcare provider means a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Naturopathic Doctor (N.D.), OBGYN, Physician Assistant (PA), and Family Nurse Practitioner (FNP). When scheduling my appointment, I will ask for an “annual wellness exam”. I do acknowledge the city is incenting me to have an annual wellness exam with my primary Healthcare Provider, the claims associated will process according to the city medical insurance plan and the coding of those claims by my provider.

It is my responsibility to take this form to my exam and have my provider complete the confirmation section and return to me at that time. I will EMAIL the completed form to: [LinternL@billingsmt.gov](mailto:LinternL@billingsmt.gov) Leta will reply to confirm receipt of the emailed form. It is not my provider’s responsibility to get the form to her. I will keep the original for my records. If I choose to drop off or interoffice the completed form, a confirmation receipt will not be sent out.

Participant’s name (printed): \_\_\_\_\_

City of Billings - EBMS health insurance ID card number (required for tracking): \_\_\_\_\_

Department of employee: \_\_\_\_\_ Date of WELLNESS EXAM: \_\_\_\_\_

Yes, I am a spouse on the City medical plan as a dependent of employee name: \_\_\_\_\_

The validity of the provider’s signature and exam date may be verified for authenticity. Intentional falsification of information will be subject to disciplinary action consistent with employee guidelines up to and including termination of employment.

### HEALTHCARE PROVIDER Confirmation, section:

Healthcare provider, please complete this section as confirmation that the patient listed above had their annual Wellness Exam with you to discuss their health status and goals to determine what preventive care they need.

» Please return the form to the patient at the time of the appointment, it is their responsibility to submit for their incentive.

Healthcare Provider’s Name (Printed): \_\_\_\_\_

Healthcare Provider’s Practice Name (Printed): \_\_\_\_\_

Patient’s WELLNESS EXAM Date: \_\_\_\_\_ Today’s date, if different: \_\_\_\_\_