

## The City of Montgomery Wellness Premium Discount Program

**Instructions:** If you cannot or choose not to participate in Onsite Wellness Screenings or the City Primary Care and Wellness Clinics Health Screenings, you may submit your health screening results through your physician. You are to complete Section 1 of this form and your provider is to complete Section 2. In order to be eligible for the wellness premium discount this form should be returned to Risk Management in City Hall. **This form does not have to be completed if you have your assessment completed at one of the City's Primary Care and Wellness Clinics. It is only required if you go to a private physician to have your assessment done.**

**Section 1 (To be completed by employee)**

Member Name (Please Print)	Screening Date	Male ____ Age ____ Female ____
Blue Cross Blue Shield Contract Number	Date of Birth (00/00/0000)	Day Time Phone Number

**The member will be responsible for the office visit co-pay along with any applicable charges for any lab work ordered by the provider.**

I hereby authorize the release of medical information listed in Section 2 to the Risk Management Office of the City of Montgomery. I understand that this information will be used for statistical purposes only and **will not** be released to any other person or persons. I also understand that this information **will not** be used to deny health insurance coverage to me as an employee of the City of Montgomery.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 (To be completed by provider)**

Blood Pressure ____/____	Height ____ft ____in
Total Cholesterol ____/mg/dl	Weight _____
Blood Glucose _____mg/dl	Body Mass Index (BMI) _____

The above mention individual was evaluated in my office on \_\_\_\_\_ and was counseled regarding his/her health risk factor(s).

Provider Name: (Please Print) \_\_\_\_\_

Provider Signature \_\_\_\_\_

**Please fax signed form to 334-241-4410 or return to Risk Management at 103 North Perry Street.  
For assistance please contact the Sherri Timberlake at 334-625-2510.**