

Halo Annual Preventive Visit Form 9/1/2022 – 8/31/2023

To ensure that you receive credit for HALO's annual physical requirement for the Wellness Program, you must upload the completed form no later than 8/31/2023.

Instructions:

1. Set up your appointment with your health care provider.
2. Fill out Section 1: Employee Information and sign.
3. Take this form with you and give to your health care provider.
4. Have the provider fill out sections 2 & 3.
5. Upload the documentation to your Benefits Profile. Scan the QR code below for step-by-step instructions.



6.

SECTION 1: Employee Information

First name: _____ Last name: _____

Affidavit

By signing this document I attest that all information is complete, true and accurate.

Employee Signature: _____ Date (MM/DD/YYYY): _____

SECTION 2: Provider Information (please print)

Doctor/practice/clinic name: _____

Address: _____

SECTION 3: Affidavit

By signing this document, I attest that I completed an Annual Preventive Visit, Cervical Cancer Screening, Biometric Screening, Colon Cancer Screening, or a mammogram for patient listed in section 1 and that the individual will be billed as such.

First/last name of person conducting the check-up (please print): _____

Signature: _____

Date (MM/DD/YYYY): _____