

# 2025-2026 Wellness Your Way Program Healthcare Provider Verification Form



**Instructions:** The qualifying period for completion and submission is **June 1, 2025 to May 31, 2026**. Complete the top field of this form and have a healthcare provider complete the bottom portion. Submit a copy to WELCOAZ powered by Holisticly. Please *print clearly* and keep a copy of all forms for your own records.

## To be filled out by the Participant:

<b>Participant Name</b>		<b>Employee ID #</b>
<b>Gender</b>	<b>Date of Birth</b>	<b>Location</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ____	
<b>Phone Number</b>	<b>Email</b>	

## Authorization to Release Medical Information

I authorize the release of the following personal information to WELCOAZ powered by Holisticly for the purpose of confirming eligibility to receive my wellness incentive.

**Participant Signature**

**Date**

Your PHI (protected health information) is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and will be kept secure by WELCOAZ powered by Holisticly. WELCOAZ powered by Holisticly will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. WELCOAZ powered by Holisticly will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

## To be filled out by the Physician or Healthcare Provider:

**Annual Physical Exam and Lab Work must be completed between June 1, 2025 to May 31, 2026.**

<b>Date Participant Underwent their Complete Physical Exam with Healthcare Provider</b>	<b>Date Participant Underwent their last Complete Lab Work</b>
___ / ___ / ____	<input type="checkbox"/> Lab Work not required. <b>Healthcare Provider's Initials:</b> _____
	___ / ___ / ____
Healthcare Provider Printed Name – <b>REQUIRED</b>	Healthcare Provider Signature – <b>REQUIRED</b>
Phone Number	Date

## How to Submit Forms to WELCOAZ powered by Holisticly:

- **Secure Email:** verified@welcoaz.org (preferred method)
- **Secure Fax Number:** 520-293-3368 (follow up with a call to 520-675-5824 Ext. 102 or email to confirm receipt of

## To be completed by WELCOAZ powered by Holisticly Staff:

Date Received	Receipt Type
Date Confirmed	Date Entered into Tracker



# 2025-2026 Wellness Your Way Program

## Activity Verification Form



**Instructions:** The qualifying period for submission is **June 1, 2025 to May 31, 2026**. All required components must be submitted by **May 31, 2026** to qualify. Please use the checklist to verify that you have completed the components to receive your **2025-2026 Wellness Your Way Incentive**. Please print clearly on all forms and keep a copy of all forms for your own records.

### To be filled out by the Participant:

<b>Participant Name</b>		<b>Employee ID #</b>
<b>Gender</b>	<b>Date of Birth</b>	<b>Location</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ____	
<b>Phone Number</b>		<b>Email</b>

### Complete 1 of the 5 Activities Below

<input type="checkbox"/>	<b>Option 1: Non-Tobacco User Affidavit</b> I declare that I neither (i) smoke or use tobacco products*, nor (ii) have smoked or used tobacco products at any time during the last three (3) months immediately preceding the date of this affidavit. ** I understand that if I falsely claim the non-tobacco user discount, I will immediately forfeit the wellness incentive. Further, to reapply for the discount in the future, I would be required to submit proof of non-tobacco use as allowed by law to include blood test results. Likewise, if I become a tobacco user when participating in the wellness incentive program, I must inform Human Resources that I no longer qualify for the discount. If I fail to do so, I will be subject to the same consequences noted above for making a false claim. *Smoke or use of tobacco products for purposes of this affidavit means any use of vape, cigarettes, pipes, cigars or chewing tobacco or any other tobacco products regardless of the number of times, frequency or method of use. I, the applicant, have read the above and understand the penalties that may apply if my statements are false.  <div> <div>Participant Signature:</div> <div>Date:</div> </div>		
<input type="checkbox"/>	<b>Option 2: Attend 3 Wellness Webinars, recorded or live.</b>	<b>List the Wellness Webinars you Viewed here:</b>	<b>Date Viewed</b>
		1.	
		2.	
		3.	
<input type="checkbox"/>	<b>Option 3: Participate in 3 Health Coaching Sessions with a Wellness Council of Arizona Health Coach.</b>	Health Coach Verification Number: Date Signed:	
<input type="checkbox"/>	<b>Option 4: Submit receipts of payment for gym memberships, fitness facility or program, or home use fitness accessories. *Minimum of \$150, purchased within the 12 months.</b>	<input type="checkbox"/> Receipts or Statements included with this form.	
<input type="checkbox"/>	<b>Option 5: Complete any 2 Wellness Challenges. *To have a challenge qualify for the Wellness Your Way program, you must qualify for the prize drawing within the challenge.</b>	<b>List the Challenges you Completed Here:</b>	
		1.	
		2.	

### How to Submit Forms to WELCOAZ powered by Holisticly:

- **Secure Email:** verified@welcoaz.org (preferred method)
- **Secure Fax Number:** 520-293-3368 (follow up with a call to 520-675-5824 Ext. 102 or email to confirm receipt of

### To be completed by WELCOAZ powered by Holisticly Staff:

Date Received	Receipt Type
Date Confirmed	Date Entered into Tracker

