

2022-2023 Wellness Your Way Program

Healthcare Provider Verification Form

Verified by WELCOAZ Program



Instructions: The qualifying period for completion and submission is **June 1, 2022 to May 31, 2023**. Complete top field of this form and have a healthcare provider complete the bottom portion and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

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

Authorization to Release Medical Information

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona 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 the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

To be filled out by the Healthcare Provider:

Annual Physical Exam and Lab Work must be completed between June 1, 2022 to May 31, 2023.

Date Participant Underwent their Complete Physical Exam with Healthcare Provider ___ ___ / ___ ___ / ___ ___	Date Participant Underwent their last Complete Lab Results <input type="checkbox"/> Lab Work not required. Healthcare Providers's Initials:___ ___ ___ / ___ ___ / ___ ___
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Healthcare Provider Printed Name and Signature – **REQUIRED**

Date

Phone Number

How to Submit Forms to the Wellness Council of Arizona:

- **Secure Email:** verified@welcoaz.org (preferred method)
- **Mailing Address:** Wellness Council of Arizona
1670 N. Kolb Rd. Ste. 246, Tucson, AZ 85715
- **Secure Fax Number:** 520-293-3368 (follow up with a call to 520-293-3369 or email to confirm receipt of your fax)



To be completed by Welcoaz Staff:

Date Received	Receipt Type
Date Confirmed	Date Entered into Tracker

2022-2023 Wellness Your Way Program

Non-Tobacco User Affidavit Form

Verified by WELCOAZ Program



Instructions: The qualifying period for completion and submission is **June 1, 2022 to May 31, 2023**. Complete all fields of this form and submit a copy to the Wellness Council of Arizona. Please print clearly and keep a copy of all forms for your own records.

To be filled out by the Participant:

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

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 e-cigarettes, 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.

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 the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected health information. The Wellness Council will act as the confidential record keeper of the Health & Wellness Incentive Program on behalf of your employer.

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