## **Expectant Mother Form**





## INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/policyholders)

If you did not qualify for the wellness incentive or are unable to participate in the onsite preventive checkups because you were pregnant at the time of the checkups, as an alternative you may work with your physician to develop a plan to maintain or improve your health. Complete the form below, have it signed by your personal physician and fax it to Catapult Health at 877-885-9904 by 5:00 PM Central Time on August 31, 2016.

## PLEASE PRINT CLEARLY. If illegible, your information will not be recorded.

PATIENT'S NAME:			_ DATE:/	/	DATE OF BIRTH: _	/ /
	irst M.I.	Last	Mo / Da	ay / Year		Mo / Day / Year
PATIENT'S SIGNATURE:			PHONE NUMBI	ER:(	)	
PATIENT'S E-MAIL:				В	CBS LA Member ID: _	
ADDRESS:	eet or PO Box					
Stre	eet or PO Box		Cit	у	State	Zip
Instructions for P	hysician					
The above named indi	vidual is eligible t	to participate in	the employee v	vellness i	ncentive program a	t the Louisiana Office
of Group Benefits. He	or she did not ac	hieve the requir	ed health stand	ards that	are a part of the pr	rogram, or was
pregnant at the time of	f the onsite chec	kups and thus ir	neligible to part	icipate. Ir	compliance with F	IIPAA requirements,
the Office of Group Be	nefits accommod	dates personal p	hysician recom	mendatio	ns for your patient	to maintain or
improve his or her hea	lth. We do not n	eed to know if y	our patient is p	regnant,	what your patient's	limitations are, or
what your plan is for y	our patient.					
By signing below you a	icknowledge that	t you have prese	ented a health ir	nprovem	ent plan to your pa	tient who is named
above or that you have	_			•		
,	, ,	, ,	J		,	
Dharining/a Nama (Dis		Dharisis at a Cir			To do do Doto	
Physician's Name (Prin	IT)	Physician's Sig	nature		Today's Date	

This completed form must be received by Catapult Health by 5:00 pm on August 31, 2016

VIA MAIL: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1120, Dallas, TX 75231

**VIA FAX:** 877-885-9904 (no cover page is needed)