Medical Exemption 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 during the program year of 9/1/18 to 8/31/19 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, 2019.

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

PATIENT'S NAME:_____ **DATE:**___/___/_____ **DATE OF BIRTH:** _____/___/_____
First M.I. Last Mo / Day / Year Mo / Day / Year

PATIENT'S SIGNATURE: _____ **PHONE NUMBER:** (_____) _____-_____

PATIENT'S E-MAIL: _____ **BCBS LA Member ID:** _____

ADDRESS: _____
Street or PO Box City State Zip

Instructions for Physician

The above named individual is eligible to participate in the employee wellness incentive program at the Louisiana Office of Group Benefits. He or she did not achieve the required health standards that are a part of the program, or was pregnant at the time of the onsite checkups and thus ineligible to participate. In compliance with HIPAA requirements, the Office of Group Benefits accommodates personal physician recommendations for your patient to maintain or improve his or her health. We do not need to know if your patient is pregnant, what your patient's limitations are, or what your plan is for your patient.

By signing below you acknowledge that you have presented a health improvement plan to your patient who is named above or that you have been providing care for your patient during her pregnancy.

_____	_____	_____
Physician's Name (Print)	Physician's Signature	Today's Date

This completed form must be <u>received</u> by Catapult Health by 5:00 pm on August 31, 2019

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

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