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 10/1/2022 to 9/29/2023 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 submit it using the instructions below by 5:00 PM CST on September 29, 2023.

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

PATIENT'S NAME: First N		DATE:/	/	_ DATE OF BIRTH: _	/ /
First N	M.I. Last	Mo / Day	/ / Year		Mo / Day / Year
PATIENT'S SIGNATURE:		PHONE NUMBER	3 :()	-
PATIENT'S E-MAIL:		BCBS LA Member ID:			
ADDRESS: Street or PO Box					
Street or PO Box		City		State	Zip
Instructions for Physician					
The above-named individual is elig of Group Benefits. He or she did no pregnant at the time of the onsite the Office of Group Benefits accon improve his or her health. We do r what your plan is for your patient.	ot achieve the requi checkups and thus nmodates personal not need to know if	iired health standa ineligible to partic I physician recomm	rds that a cipate. In nendation	are a part of the pr compliance with F ns for your patient	rogram, or was HIPAA requirements, to maintain or
By signing below, you acknowledg above or that you have been provi					atient who is named
Physician's Name (Print)	 Physician's S	ignature		 Today's Date	

This completed form must be <u>received</u> by Catapult Health by 5:00 pm on September 29, 2023

VIA MAIL: Catapult Health - PCP Form, 5294 Belt Line Rd, Suite 200, Dallas, TX 75254

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