Primary Care Provider Form

Submitting a PCP Form to Catapult Health

INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/ policyholders)
If you were not able to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the Office of Group Benefits wellness incentive being offered.
The form must be received by Catapult Health by 5:00 pm CST on Wednesday, August 31, 2022.

1. **How to Submit**
   - Mail to Catapult Health **(Preferred method)**
     - Catapult Health - PCP Form
       5294 Belt Line Rd, Suite 200
       Dallas, TX 75254
   - Fax to Catapult Health
     - Fax # 877-885-9904
   - Secure email
     - To protect your personal health information, you can only submit your form via secure email service
     - Email support@catapulthealth.com to request a secure email. Do not send your form with this first email.
     - Catapult Health will send you a link to a secure email you can use to submit your form.

   NOTE: Catapult Health recommends keeping a copy of the form when you submit the original version, along with any proof of the date you sent it.

2. **Confirmation of receipt**
   a. **You must provide an email address on your form to receive confirmation. Catapult Health will send you an email to let you know that we have received and processed your form. Please print clearly.**
   b. If you have not received an email within 10 business days after submission stating Catapult Health has processed your form, please resubmit it.

3. **Incomplete forms**
   a. If any information is missing from your form, your form will not be processed. Catapult Health will make one attempt to contact you via the phone number or email address provided on your form to allow you to resubmit the form.

4. **Questions**
   a. Contact the Catapult Health customer support team at support@catapulthealth.com.

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If you were not able to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the Office of Group Benefits wellness incentive being offered. **All information requested below must be completed** in order for credit to be awarded. Once complete, you must return your completed forms to Catapult Health by 5:00 pm CST on Wednesday, August 31, 2022.

This is your responsibility, not your provider's.

PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health In order to complete requirements for my Company's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

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:** _____
(You will receive a confirmation email from Catapult Health when your form is processed.)

ADDRESS: _____
Street or PO Box City State Zip

PROVIDER INSTRUCTIONS

Office of Group Benefits has partnered with Catapult Health to provide worksite wellness initiatives. Lab tests completed between 9/1/2021 and 8/31/2022 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Provider's Name		**Providers Signature**	
Date of Tests	/ /	**Did patient fast?**	☐ YES ☐ NO
Height	feet inches	**Weight**	lbs.
Abdominal Circumference	inches	**Blood Pressure**	/ mmHG
Total Cholesterol	mg/dL	**HDL Cholesterol**	mg/dL
LDL Cholesterol	mg/dL	**Triglycerides**	mg/dL
Glucose	mg/dL	**A1C**	**%**
Gender	☐ FEMALE ☐ MALE		

This completed form must be received by Catapult Health by 5:00 pm CST on August 31, 2022

VIA FAX: 877-885-9904 **VIA MAIL:** Catapult Health - PCP Form, 5294 Belt Line Rd, Suite 200, Dallas, TX 75254