

Preventative Care Form

Schupan & Sons

Physician,

This patient is in a worksite wellness program at work. We have encouraged them to get a preventative exam done and have provided an incentive to do so. Please indicate the following preventative tests performed below. Return this form to the patient. **It is the patient's responsibility to turn in this form for credit. *All new hires in have 90 days from date of hire to complete.**

PATIENT INFORMATION:

Name: _____

Date of Birth: ___ / ___ / ___ Phone Number: _____

Schupan facility: _____ (Davis Creek, Toledo, etc.)

Are you eligible for health insurance through Schupan & Sons' plan? yes no not sure

Patient Signature: _____ Date: ___ / ___ / ___

PHYSICIAN INFORMATION:

Name: _____

Phone Number: _____ Date of Preventative: ___ / ___ / ___

Provider Signature: _____ Date: ___ / ___ / ___

PREVENTATIVE TASKS PERFORMED:

- General physical or preventative care visit
- Dental Cleaning
- Vision Exam



Employee: Please return form by fax (616) 828-0990, or email to adeters@healthplanadvocate.com. If you have questions regarding this form, or its purpose, please contact Alexis at (616)575-0211 ext.107.