

# Spouse Preventative Care Form

(Use only if your spouse is on your medical plan)



Physician, This patient is in our worksite wellness program. 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.

**Employee:** Forms must be received no later than 11/30/2025 for the 2026 plan year.

**New hires:** Forms submitted within 90 days from hire date will be eligible for credit for **both** 2025 and 2026 plan years.

## PATIENT INFORMATION:

Name: \_\_\_\_\_

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

### Submission of the Spouse Preventive Form:

You may submit this form via confidential fax at (269)382-9798 or by secure email by contacting TMR at (269)567-9201 for instructions.

Questions? Please contact TMR at (269)567-9201