

This guide contains step-by-step instructions needed to complete this year's wellness program. Please read through it carefully and complete all necessary steps by 11/15/2023 to save on your monthly premiums.

2024 Wellness Discount



Do you have a primary care physician?

Establishing a relationship with a primary care physician (PCP) is important. Your PCP will be familiar with your medical history and coordinate all aspects of your care. A PCP includes those who practice internal medicine, are family or general practitioners, or are OB-GYNs. Together, you and your physician determine how best to improve your overall well-being. Please note that Dudek & Bock will NOT have access to any specific, personally identifiable health information.

- Complete an annual physical exam and standard lab-test blood draw with your PCP between 1/1/2023 and 11/15/2023. If you have already seen your doctor, you do not need to make another appointment, but you must have your doctor complete this form.**
- Remember to have your physician complete and sign the **PHYSICIAN FORM**.**
- If your spouse is covered under your medical insurance he/she is eligible for the discount as well, and should also follow these instructions.**
- Submit completed forms by 11/15/2023.**
 - **Securely fax to 773-379-0230 OR**
 - **Drop off form to HR**

Once all required steps are completed, participants will save \$10 per pay period on their medical premiums beginning **1/1/2023**.

Will my privacy be protected?

Absolutely! Dudek & Bock takes your privacy seriously and complies with all requirements of state and federal privacy laws.



DUDEK & BOCK



PHYSICIAN FORM

USE OF THIS FORM IS MANDATORY
NO SUBSTITUTIONS WILL BE ACCEPTED

- Submit completed forms to Human Resources by 11/15/2023.
- Securely fax to 773-379-0230.
- Attention: Wellness Incentive

Employees are responsible for turning in this physician form, it is NOT the responsibility of your health care provider.

This section should be completed by patient before providing the form to the health care provider:
Please provide the following information relating. By signing this Form, I authorize my physician to provide this data to Dudek & Bock.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Phone Number: _____

Check box to indicate if you are the covered employee or a spouse of a covered employee:

- Employee
- Spouse

If spouse, please provide employee name: _____

Patient Signature: _____ Date: _____

Dear Doctor/Health Care Provider:

My employer is sponsoring a wellness program to help make positive changes or to maintain my good health. I have voluntarily enrolled in this program. The health management program offered through Dudek & Bock is not intended to treat, diagnose or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

Please confirm that you have performed the following preventive tests and measurements during calendar year 2023:

- Full cholesterol panel, glucose (or A1c) and triglycerides
- Blood pressure
- Height, weight and waist circumference
- Other preventive tests may be completed as deemed appropriate for the member.

To be completed by the Physician/Health Care Provider:

I certify that (Patient Name) _____ has had their annual physical.

Physician/Health Care Provider (Print Name) _____ Date: _____

Physician/Health Care Provider Phone Number: _____

Physician Health Care Provider (Signature): _____

Address: _____

Thank you in advance for your cooperation and if you have any questions, please feel free to call Dudek & Bock at 773-466-3121.