

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 10/31/2022 to save on your monthly premiums.

## 2023 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 1/1/2022 and 10/31/2022. 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 10/31/2022.**
  - **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 10/31/2022.
- 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 2022:**

- 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.