



## PROOF OF ANNUAL PHYSICAL

In order to receive all applicable incentives for getting your annual physical, this form **MUST** be signed by your in-network primary care provider and returned to the NOMACO Human Resources office.

### Employee Section:

Patient Name: \_\_\_\_\_ Work Location \_\_\_\_\_  
(Please Print) (Please Print)

### Physician Section:

I have met with this NOMACO employee and conducted an annual wellness visit. At a minimum I have discussed with this patient any concerns or risks they may have regarding their weight, smoking status, cholesterol, blood pressure, or glucose levels and provided information on any recommended preventive care screenings. **This is an annual physical visit, not a "sick" visit, and will be coded as such.**

Provider Signature: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

*Thanks so much for the care that you provide to this employee. Our wellness program is designed to reward the employee for getting necessary preventive care and making lifestyle changes to reduce their risk of chronic illness or disease. We offer financial rewards for wellness program participation, smoking cessation, and other healthy behaviors. We are dedicated to helping our employees establish a usual source of care and believe that their doctor is the best person to manage their healthcare needs. If you would like to more information about our wellness program, please let us know.*

*NOMACO Human Resources 919-269-6500*

Associates: If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call Nomaco HR and we will work with you to develop another way to qualify for the reward.