

# Annual Wellness Visit New Hire Verification Form

Employee Name (Print): \_\_\_\_\_

Spouse's Name (if insured): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Email: \_\_\_\_\_

I attest that all information is true and accurate. If the document is falsified, I will be responsible for paying retroactive non-wellness medical premium rates.

Signature of Employee/Spouse: \_\_\_\_\_

## \*Medical Provider Must Sign and Date Below

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Healthcare Provider Name (Print): \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

Healthcare Provider's Phone Number: \_\_\_\_\_

Healthcare Provider's NPI#: \_\_\_\_\_

A primary care provider (PCPs) can be defined as a Family Medicine Doctor, Internist, Obstetrician/Gynecologist, or a Nurse Practitioner or Physician Assistant within your primary care providers' office. Their comprehensive approach helps to ensure continuity of care and a more holistic view of your health.

A primary care annual wellness visit will typically include vital signs, health history, physical exam, and labs. Please note, **you do not need to submit your actual biometric screening numbers.**

This verification form must be submitted 90 days after the date of hire to [employee wellbeing@slu.edu](mailto:employee wellbeing@slu.edu)

Please note: Covered spouses must also complete the primary care visit each year to qualify for the wellness discount and complete a separate form.



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For questions, please call 314-977-5079 or email [employee wellbeing@slu.edu](mailto:employee wellbeing@slu.edu).