City of Richmond Incentive Program
2024-2025 Annual Physical with Labs / Biometric Screening Form

NOTICE TO PATIENT

Please fill out the top portion of this form and take it to your medical provider when you complete your annual physical with labs/biometric screening. This activity must occur between **September 16, 2024, and August 31, 2025,** to count towards the City of Richmond 2025 Wellness Incentive Program activities. Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO CITY OF RICHMOND THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

PATIENT DATE OF BIRTH

NOTICE TO PROVIDER

Your patient has an opportunity to complete an annual physical with labs/biometric screening as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

ANNUAL HEALTH SCREENING CRITERIA	DATE TEST ADMINISTERED	RESULTS
BODY MASS INDEX (BMI)		Height _____ in. / Weight _____ lbs
WAIST CIRCUMFERENCE		Value: _____ in.
BLOOD PRESSURE		Value: _____ / _____ mmHg
TOTAL CHOLESTEROL		Value: _____ mg/ dL
HDL CHOLESTEROL		
HEMOGLOBIN A1C		Value: _____ % or _____ mg/dL

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

Submission Instructions:

Please upload this form to the Marathon Health Portal by clicking the "Upload Incentive Form" button within the incentive activity you wish to receive credit. Once submitted, your form will show as "Form Under Review" until approved by an incentive administrator. You may also drop it off at the Marathon Health clinic or email this signed form to wellness@marathon.health to receive credit. Credit will be awarded within 5 business days of submission.

Deadline:

You must submit this form no later than **August 31, 2025**.

Marathon Health