

# ATSG Healthy Directions Well-being Program

## 2024 Annual Physical Verification and Screening Form

**NOTICE TO MEMBER**

Please fill out the top portion of this form and take it to your medical provider when you complete your Annual Physical, including a biometric screening. This activity must occur between October 1, 2022 and September 30, 2023 to count towards the ATSG Healthy Directions Well-being Program activities. Once completed by your provider, it is YOUR responsibility to submit this form to the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO ATSG 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.

PATIENT NAME (Please Print Clearly)

DATE OF BIRTH

EMPLOYEE ID

**NOTICE TO PROVIDER**

Your patient has an opportunity to complete an annual physical, including a 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.

QUALIFYING PROGRAM ACTIVITY	DATE OF EXAM	PROVIDER INITIALS
ANNUAL PHYSICAL		
ANNUAL HEALTH SCREENING CRITERIA	DATE TEST ADMINISTERED	RESULTS
BODY MASS INDEX (BMI)		Height _____ in. / Weight _____ lbs BMI _____ . _____
WAIST CIRCUMFERENCE		Value: _____ in.
BLOOD PRESSURE		Value: _____ / _____ mmHg
TOTAL CHOLESTEROL		Value: _____ mg/dL
HDL CHOLESTEROL		Value: _____ mg/dL
TOTAL CHOLESTEROL TO HDL RATIO		Value: _____ . _____
HEMOGLOBIN A1C		Value: _____ %

TODAY'S DATE

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

**DEADLINES:** Please fax, email, or mail this form to Marathon Health using the information below. You must submit this form no later than September 30, 2023.

Marathon Health  
 P: 866.434.3255 | F: 866.422.0915 |  
 10 W. Market Street, Suite 2900  
 Indianapolis, IN 46240

E: Member@marathon-health.com

