



##92T00230#####

Wellness Program Physical Exam Form

Submit Proof of Your Annual Exam to Earn Wellness Program Points!

If you have had an Annual Exam with your physician in the last 12 months, submit the completed form below. A letter from your physician or a copy of your Explanation of Benefits (EOB) will also meet this requirement. No medical data needs to be provided—only proof that the exam occurred, along with your physician’s signature.

FIRST NAME _____ LAST NAME _____

TODAYS DATE _____ DATE OF PHYSICAL EXAM _____

EMPLOYER NAME _____

CONTACT PHONE NUMBER _____

PHYSICIAN CERTIFICATION

This section is to be completed by the practicing physician only. Do not include any private, medical information, laboratory or physical results.

The patient named below has been seen in my office for their annual physical exam.

Physician’s signature

Physician’s printed name

Patient name

Submission

- Upload proof of Physical Exam to your Difference Card Wellness Portal or
- Fax your completed form to 602-333-4252 or
- Mail form to: The Difference Card, PO Box 322, Mount Kisco, NY 10549.