

2024 Employee Wellbeing Program Annual Dental Exam Form (50 Points)

Employee or Employee's Spouse Full Name:	
Instructions: Bring this form to your appointment at the appropriate section. Only one dental visit is eligible any personal medical information with this form. Please immediately after your appointment.	for credit per year. Please do not include
For Physician:	
This form confirms that the individual named above rec January 1, 2024 and December 31, 2024.	eived an annual dental exam between
Date of Exam	Health Care Provider Name, Printed
	Health Care Provider Signature
Lealth Care Provider Stamp or National Provider Identifier (Physician office has the NPI #)	
For Employee/Employee Spouse:	
By signing and submitting this form, I verify that the inference accurate. I understand that any falsification of this docu and including termination. I understand that I may, at an verification of proof of appointment.	ment could result disciplinary action up to
Employee/Employee Spouse Signature	

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives this information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Exam must be completed between January 1, 2024 and December 31, 2024, and the completed form including the provider stamp OR NPI number uploaded to <u>beBetterHealth.net</u> no later than December 31, 2024 for credit. Points will be removed from forms with missing information. Distribution are to be made by March, 2025 for submissions received by December 31, 2024.