

LiveWELL – Visit Your Primary Care Provider

Your Guide to Making the Most of Your Visit & Earning LiveWELL Points

Visit your primary care provider (PCP) for an annual preventive/wellness exam. Use this form as a tool to prepare for your visit and to document important health information or follow-up recommendations. If your PCP deems it necessary to perform routine tests such as cholesterol or blood glucose readings, you can record the results (for your reference only) below or directly in your LiveWELL account. To learn more about and join the activity, log in to your LiveWELL account by visiting <https://hshs.limeade.com>. For additional information on how to earn your LiveWELL reward for completing a visit with your primary care provider, see page 2.

Prepare for your appointment by thinking about specific questions or health concerns you would like to address during your visit. For instance, you may want to:

- *Talk about an existing health problem*
- *Obtain a referral for a trusted specialist*

You may also want to ask specific questions regarding follow-up recommendations or next steps such as:

- *What is my diagnosis?*
- *What are my treatment options? What are the benefits of each option? What are the side effects?*
- *Are additional tests required? What will the results tell me?*
- *Do I need to change my daily routine?*

Visit Notes:

Your Results – For Your Records Only

Write down the results from your PCP visit and log them into your LiveWELL account. **Please note:** Lab results are NOT required for the LiveWELL program and should only be ordered by a provider if appropriate based on age for preventive care.

(IF APPLICABLE)

Height _____

Weight _____

Blood Pressure _____

Blood Glucose _____

LDL Cholesterol _____

HDL Cholesterol _____

Total Cholesterol _____

Triglycerides _____

EMAIL THIS PAGE ONLY

Form Submission Instructions – Earning LiveWELL Points

To earn your FastCash reward, please follow the form submission instructions listed below:

- 1. Go to <https://hshs.limeade.com>. Log in to your account and join the "Visit Your PCP" activity.
 - a. *Colleagues who have primary medical coverage through a federal payer (Medicaid, Medicare, TRICARE) are not eligible to receive the LiveWELL reward.*
- 2. Have your healthcare provider complete and sign this form where designated.
- 3. Email this Certification Statement page **ONLY** to healthandwellness@prevea.com.
- 4. Keep a copy of the successful transmission for your records.
- 5. Your FastCash reward will be added to the colleague's paycheck once this form has been received and processed. This will normally take two for four weeks.

Certification Statement

Section I

Please Note: Are you a spouse or a colleague? *Circle one.*

I certify that I _____ received an annual/preventive wellness exam on _____,
(Colleague/Spouse Printed Name) (Date of Visit)

performed by _____ at _____
(Examining Provider's Printed Name) (Practice Name)

By my signature below, I attest that the information submitted on this form is true, accurate and the visit listed was not covered by a federal payer (Medicaid, Medicare, TRICARE) as visits funded by federal payers are ineligible for the LiveWELL program.

(Colleague/Spouse Signature) (Employee/Spouse ID #) (Date)

(Colleague/Spouse Street Address) (City) (State) (Zip Code)

(Examining Provider's Signature) (Date)

IMPORTANT:
Please do not include page 1 in your submission. **Only page 2 is required.**
If the form is not filled out correctly, there will be a delay in the processing of your reward.