



ARBenefitsWell – Primary Care Provider (PCP) Form

ARBenefits ASE / PSE Member Instructions

ARBenefits is excited to announce a new benefit in 2018! This year, you can receive a 30-40 minute Catapult Health Preventive Checkup at work that counts towards the 2019 ARBenefitsWell requirements. For a schedule of Catapult worksite checkup events, go to www.TimeConfirm.com/ARBenefits. If your location is not listed, check back soon. **If you have a Catapult Health Checkup at work, you do not need to complete and return this form.**

If you choose to go to your local doctor for your Preventive Checkup to complete your biometric screening requirement, this form must be completed and returned. This is your responsibility, not your Provider's.

PLEASE PRINT CLEARLY.
If your information is not easily readable, it will not be recorded.

PATIENT AUTHORIZATION AND RELEASE

I agree to the release of the information requested below from my Provider to ARBenefits in order to complete requirements for the ARBenefitsWell program. **ALL INFORMATION REQUESTED BELOW IS REQUIRED.**

PATIENT'S FIRST AND LAST NAME (PRINTED): _____

AR BENEFITS MEMBER ID #: _____ DATE OF BIRTH: ____/____/____

PATIENT'S SIGNATURE: _____ E-MAIL: _____

SOCIAL SECURITY # (LAST 4 DIGITS ONLY): _____ MOBILE #: (____) ____ - _____

PROVIDER INSTRUCTIONS

To meet the ARBenefits wellness requirements, your patient must complete a Preventive Checkup (or be exempt due to health reasons) and test for Nicotine/Cotinine. **PLEASE COMPLETE ALL INFORMATION, THEN RETURN THIS FORM TO YOUR PATIENT.**

Please check this box if your patient has a medical reason for being exempt from completing lab work.

PROVIDER'S NAME (PRINTED): _____ PROVIDER'S SIGNATURE: _____

Date of Tests	/ /	Did patient fast?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Height	feet inches	Weight	lbs.
Abdominal Circumference	inches	Blood Pressure	/ mmHG
Total Cholesterol	mg/dL	HDL Cholesterol	mg/dL
LDL Cholesterol	mg/dL	Triglycerides	mg/dL
Glucose	mg/dL	Cotinine (nicotine)	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE

This completed form must be received by October 31, 2018.
Send via Secure eFax: 1-833-323-4329