AtlantiCare

2025 KNOW YOUR NUMBERS CERTIFICATION FORM

Use this form to document your 2025 Know Your Numbers from any visit with a provider between January 1, 2025-November 30, 2025. **Health Engagement must receive this form by 11/30/25 in order for you to receive credit.** Confirm submission confirmation by viewing your Wellness Activity Tracker at wellness.atlanticare.org. **Questions?** Call 609-677-7507 or email wellness@atlanticare.org.

SECTION 1: PATIENT INFORMATION

COMPLETED BY PATIENT

☐ **Employee** ☐ **Spouse/Partner of an AtlantiCare Employee**

Name: _____

DOB: _____ / _____ / _____

Phone: _____ **Email:** _____

Employee/Policy Holder Clock#: _____

SECTION 2: KNOW YOUR NUMBERS

COMPLETED BY PHYSICIAN

Blood Pressure: _____ / _____

Height: _____ **ft** _____ **in** **Weight:** _____ **lbs** **BMI:** _____

SECTION 3: SIGNATURES

Provider Signature _____

Provider Stamp

I HEREBY AUTHORIZE MY PROVIDER TO SEND THIS FORM TO HEALTH ENGAGEMENT.
I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT HEALTH ENGAGEMENT RECEIVES MY FORM BY 11/30/25 FOR CREDIT.

Patient Signature _____ **Date** _____ / _____ / _____

FAX TO:
609-272-2551

-OR-

MAIL TO:
AtlantiCare Health Engagement
ATTN: WELLNESS
6550 Delilah Road, Bldg. 200, Suite 211
Egg Harbor Township, New Jersey 08234

Your health plan is committed to helping you achieve optimal health. Rewards for participating in this wellness program are available to all benefit eligible employees by way of wellness credits. If you think you might be unable to meet a standard for wellness credits under this wellness program, you might qualify for an opportunity to earn the same wellness credit by different means. Please contact Health Engagement at 609-677-7507 or by emailing wellness@atlanticare.org and we will work with you (and, if you wish, with your doctor) to find a reasonable alternative with the same reward (or a waiver) that is right for you in light of your health status.