

# AtlantiCare

## 2026 Wellness Activity Certification Form



Use this form to document 2026 Know Your Numbers and/or Preventive Care Visit between December 1, 2025-November 30, 2026.

**This form must be received by 11/30/26 to receive credit.**

Confirm submission by viewing your Wellness Activity Tracker at [wellness.atlanticare.org](https://wellness.atlanticare.org).

**Questions?** Call 609-677-7507 or email [wellness@atlanticare.org](mailto:wellness@atlanticare.org).

### PATIENT INFORMATION

COMPLETED BY PATIENT

☐ Employee Clock # \_\_\_\_\_

☐ Spouse/Partner of an AtlantiCare Employee

Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### KNOW YOUR NUMBERS

COMPLETED BY PROVIDER

Blood Pressure \_\_\_\_/\_\_\_\_ Height \_\_\_\_ ft \_\_\_\_ in Weight \_\_\_\_ lbs BMI \_\_\_\_

### PREVENTIVE CARE VISIT

COMPLETED BY PROVIDER

Date of Preventive Care Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

### SIGNATURES

Provider Signature \_\_\_\_\_

**By signing below, you authorize your provider to send this form to AtlantiCare Wellness. However, please note that your provider is not required to do so. It is your responsibility to ensure that AtlantiCare Wellness receives the completed form no later than November 30, 2026, in order to receive credit.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAX TO: 609-272-2551**

**-OR-**

**EMAIL TO: [WELLNESS@ATLANTICARE.ORG](mailto:WELLNESS@ATLANTICARE.ORG)**

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](mailto: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.