



ATLANTICARE

2022 WELLNESS ACTIVITY CERTIFICATION FORM

Patient: Please use this form to document your 2022 Know Your Numbers, Preventive Care Visit and Lipid Screening. Before submitting, please ensure that the entire form including the date, your provider’s signature, provider stamp and your signature are completed upon submitting to Health Engagement. Health Engagement must receive this form by 11/30/22 in order for you to receive credit for these wellness activities.

Provider: Complete sections 2-4, including provider signature and stamp.

Questions? Call 609-677-7507 or email wellness@atlanticare.org.

SECTION 1: TO BE COMPLETED BY PATIENT SUBMIT BY 11/30/22

Employee Spouse/Partner of an AtlantiCare Employee

Name: _____ DOB: ____ / ____ / ____

Employee/Policy Holder Clock#: _____

Phone: _____ Email: _____

SECTION 2: ANNUAL PREVENTIVE CARE VISIT TO BE COMPLETED BY PHYSICIAN SUBMIT BY 11/30/22

Date of Annual Preventive Care Visit ____ / ____ / ____

Advance Directive Form Complete

SECTION 3: KNOW YOUR NUMBERS TO BE COMPLETED BY PHYSICIAN SUBMIT BY 11/30/22

Are you currently a tobacco user? Yes No Are you pregnant? Yes No

Blood Pressure: ____ / ____ Height: ____ ft ____ in Weight: ____ lbs BMI: ____

Have you had a lipid screening in the last 5 years? Yes No

Date of Cholesterol Screening: ____ / ____ / ____ Total Cholesterol: ____ HDL: ____

SECTION 4: SIGNATURES

Provider Signature _____



I hereby authorize my provider to send this form to Health Engagement.

Patient Signature _____ Date: ____ / ____ / ____

IT IS THE RESPONSIBILITY OF THE PATIENT TO ENSURE WE RECEIVE THIS FORM BY 11/30/22 FOR CREDIT

Confirm submission receipt by viewing your Wellness Activity Tracker at <https://myAtlantiCare.org>.

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.

