



ATLANTICARE 2023 WELLNESS ACTIVITY CERTIFICATION FORM

Patient: Use this form to document your 2023 Know Your Numbers, Preventive Care Visit and Lipid Screening. Before submitting, please ensure that the entire form is complete upon submitting to Health Engagement. **Health Engagement must receive this form by 11/30/23 in order for you to receive credit for these wellness activities.** Confirm submission receipt by viewing your Wellness Activity Tracker at <https://myAtlantiCare.org>.
Provider: Complete sections 2-4, including provider signature and stamp.
Questions? Call 609-677-7507 or email wellness@atlanticare.org.

SECTION 1: COMPLETED BY PATIENT

Employee Spouse/Partner of an AtlantiCare Employee

Name: _____ DOB: ____ / ____ / ____

Employee/Policy Holder Clock#: _____

Phone: _____ Email: _____

SECTION 2: ANNUAL PREVENTIVE CARE VISIT COMPLETED BY PHYSICIAN

Date of Annual Preventive Care Visit ____ / ____ / ____

SECTION 3: KNOW YOUR NUMBERS COMPLETED BY PHYSICIAN

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.
I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT HEALTH ENGAGEMENT RECEIVES MY FORM BY 11/30/23 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.

