

2019
Rockwall County Wellness Plan

One Easy Step to Lower Healthcare Premiums in 2020!

Don't delay!

Have an annual physical with your in-network doctor and have them sign the attached form.



***Please see the attached document for detailed wellness plan instructions.**

Rockwall County Wellness Plan Participation

Dear Member,

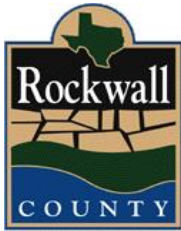
Participation in the Rockwall County Wellness Plan keeps your healthcare premiums at the lowest possible level.

To be a Rockwall County Wellness Plan participant for 2020, employees and covered spouses must have an annual physical with their physician, OB/GYN or Helping Hands between January 1, 2019 and December 13, 2019. Please complete the following step:

1. Make an appointment with your in network physician for an annual physical. (Any out of network charges will be the employee's responsibility.)
 - Please take the attached Healthcare Provider Signature Form with you to your physical and have the physician sign and date it. Fax or email the completed form to Human Resources. The fax # for Human Resources is 972-204-6189.
 - Discuss with your physician cancer screenings and immunizations that are recommended for your age and gender (please ensure you obtain a physician order for these services, if applicable). Additionally, discuss with your physician maintenance prescription drug treatment (if any) for certain chronic diseases. It is to your physician's discretion as to whether you will need bloodwork drawn.

If you have any questions, please contact Human Resources at 972-204-6187 or 972-204-6188.

DEADLINE FOR PHYSICAL – December 13, 2019



Rockwall County Wellness Plan

Healthcare Provider Signature Form

INSTRUCTIONS

- Patient – complete Section 1
- Provider - complete Section 2

SECTION 1 – Patient Information

Patient's Date of Birth (MM/DD/YYYY): _____

Patient's Name (Print): _____

Patient Signature: _____

Date: _____

SECTION 2 – Healthcare Provider Signature

On the date signed below I saw this patient for a wellness exam.

Healthcare Provider's Name (Print): _____

Healthcare Provider's Signature: _____

Date: _____

Employee: Please fax or email this completed form to Kami or Cindy in Human Resources.
Fax number is 972-204-6189.