



2024 Physician Form

Important: *If bio-metric screening is done at the Wellness Center you do not need to complete the Physician Form.*

Regence and Select Health Preventive Care yearly exam – no copay, coinsurance or deductible.

Preventative care exam suggestions - total cholesterol (HDL & LDL), A1C, Triglycerides, Glucose, blood pressure, height, and weight.

*Employee Name: _____

*Employee ID#: _____

*Employee Email: _____ *School/Department: _____

*Required information. Forms without all required info **will not be accepted.** DUE 12/31/2024.

To avoid the additional \$10 monthly fee for medical insurance.
Please have your physician complete your bio-metric screening.

Doctor's, please code as preventative

I visited my physician on this date _____.

Doctor Name _____ (print) Phone # _____

Doctor Signature _____ Date _____

The completed Physician Form needs to be in
the Benefit Department no later than: **12/31/2024.**

You can fax it to 385-646-4319 or Email: Benefits@graniteschools.org

Your doctor visit must be after January 1, 2024 and before December 31, 2024