



2020 Physician Form

Important: You will only need to submit the physician form if you see your own personal physician.

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.

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

Doctors 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: **12/15/20.**

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

Your doctor visit must be after January 1, 2020 and before December 15, 2020