



Healthy Lifestyle Rebate Contract

**SECTION TO BE COMPLETED BY PCP UPON INITIAL VISIT:
INITIAL CONSULTATION DOCUMENTATION MUST BE SUBMITTED WITHIN 90 DAYS OF EFFECTIVE DATE**

NAME: _____ COMPANY: _____

DATE: _____ GENDER: _____ AGE: _____ HFHP ID # _____

I am the primary holder of the Health First Health Plans policy in the year the lifestyle rebate becomes effective.

Patient's Initial: _____

To be completed and signed by Primary Care Physician: Print PCP's Name: _____

Weight _____ BMI _____ Smoker _____ Non-Smoker _____

Comments: _____

Primary Care Physician's Signature Date

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SECTION BELOW MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO GROUP'S ANNIVERSARY DATE:

To be completed and signed by Primary Care Physician: Print PCP's Name _____

Weight _____ BMI _____ Smoker _____ Non-Smoker _____

Comments: _____

Primary Care Physician's Signature Date

Employee Instructions:

Your employer is participating in the Healthy Lifestyle Rebate program*. In order to make sure the above form is completed accurately and timely, please follow the instructions below:

- Bring the above form with you to your Primary Care Physician (PCP) within 90 days of your Group's effective date or your initial date of enrollment (whichever comes first).
 - Consultation must be completed by your PCP, it will not be accepted if completed by a specialist.
 - Any cost share associated with this visit will be waived. However, your PCP may require a copayment up front. If cost share or copayment is applied AND the visit was purely a consultation for only the items listed in the form above, you may contact our Customer Service Department at 321-434-5665. Customer Service will verify that your group is participating in this program and that your visit was purely consultative and the claim will be reprocessed. Your provider will be responsible for refunding payment.
 - Your PCP only needs to fill out the top portion of the form during the initial visit.
 - Provide a copy of the completed form to your Group Administrator to fax to 321-434-4362. (Your Group Administrator is responsible for tracking participation in the program).
- Keep a copy of this form in a safe place until 30 days prior to your Group's anniversary date. Within 30 days of your Group's anniversary date, the bottom section of the form must be completed by your PCP.
 - Provide a copy of the completed form to your Group Administrator to fax to 321-434-4362.

*Please contact your employer for additional details and information. Exclusions and limitations may apply. Misrepresentation may result in disqualification from program and/or coverage.