



NRHS Employee Wellness Incentive Program Visit

NRHS Employee Information (Please Print)

Last Name _____ First Name _____ M.I. _____
 Employee ID Number _____ Date of Birth _____
 Cell or Home Phone _____
 Department where you work _____
 Facility/Site location _____

To employees: These required lab tests must be completed after Dec. 31, 2019 but prior to your wellness visit. (Bring Lab Results to Your Appointment for your provider to review).

Lipid Profile _____ AND HbA1c _____
 Date of lab test _____ Date of lab test _____

To providers: Please review the lab results that have already been completed after Dec. 31, 2019. *Any additional tests or issues addressed during this visit may incur additional charges.

Provider Information (Please Print)

Complete Name and Title _____
 Office Address _____ City _____
 State _____ Zip _____ Office Phone _____

I have completed the wellness visit and have reviewed the required lab tests with this employee.

Provider Signature (M.D., D.O., N.P., P.A., R.N. at this employee Provider's office)/Date of Exam _____

Physician Office Use:

It is important that this visit is coded correctly to ensure proper reimbursement.

Primary Diagnosis: Wellness Visit; Well Visit ICD-10: Z00.00 CPT Code 99381-99397

*Any additional tests or issues addressed during this visit may incur additional charges. File these as secondary diagnoses and codes. Use modifier 25.

If your patient is insured by WebTPA and you have any questions or issues with billing for this process, please contact Clark Willis at 405-570-5315 or clark.willis@webtpa.com

To Employees: When this form is complete, fax it to (405) 307-3179 or send by interdepartmental mail to Amber Browning, HP &E, or scan and email it to: abrowning@nrh-ok.com by **Dec. 31, 2020.**

Keep a copy for your records!