St. Peter's Health
WELLNESS SERVICES

St. Peter's Health 2021 Wellness Incentive
Primary Care Provider Visit Form

This form is ONLY used to provide documentation that you met with your provider at your annual wellness appointment to review your health plan – a required task to achieve your wellness incentive. Wellness Services must receive this form by June, 25th 2021 to reward you with your wellness incentive.

- This completed form must be faxed by your provider's medical office to the St. Peter's Health Wellness Services at 406-447-2544. Cover sheet required to confirm validity. A confirmation email will be sent to you shortly after receiving the document.

Provider Instructions:

Your patient is participating in the St. Peter's Health Wellness Incentive that requires a primary care appointment to review their health plan. This visit must have occurred between August 1st, 2020 and June 25th, 2021 for them to receive the incentive. If their annual appointment typically falls outside that timeframe, contact the wellness team. Please fax this form (include cover sheet for validity) to 406-447-2544 after your patient has met with you. Below is the preferred coding to be used for this preventative service.

Preventative Medicine		
New Patient		**Established Patient**
99385	18 to 39 Yrs.	99395
99386	40 to 64 Yrs.	99396
99387	65+ Yrs.	99397

Patient Information

***Patient's Last Name:** _____ ***Patient's First Name:** _____ ***Gender:** _____

***Patient's Phone #:** ( ) - _____ ***Patient's DOB:** / / ***Date of Visit:** / /

***Patient's Email:** _____

Signatures

By signing this form below, I certify as the patient's provider we have met to discuss the patients care.

Patient Printed Name: _____ **Patient Signature:** _____

Provider Printed Name: _____ **Provider Signature:** _____

St. Peter's Health Wellness Services
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Email: wellness@sphealth.org
Phone: (406) 444-2128