

Providence Health & Services Alaska Statement of Treatment Form

Section I: to be completed by Employee

Name: _____

Last 4 Digits of Social Security Number (SSN): _____ Date of Birth: _____
(MM/DD/YYYY)

Section II: to be completed by Health Care Provider

Dear Health Care Provider,

Providence Health & Services Alaska's wellness program is health insurance premium credit-based and is designed to provide resources to help our employees/your patients improve their overall quality of life.

In order for your patient to receive the health insurance premium credit, he/she needs to receive support in meeting certain health standards. In the space provided below, please document whether your patient (i) has a health value that does not meet the standard and (ii) while not currently meeting the health standard, is participating in a treatment plan for the listed health topic, or (iii) your patient is pregnant, or (iv) patient exceeds BMI due to high lean muscle mass percentage.

Health Standards	Patient has a health value that does not meet the standard	Patient is currently in a treatment plan	Patient is pregnant and is exempt from the requirement	Patient exceeds BMI due to high lean muscle mass %
BMI below 30	Yes / No	Yes / No	Yes / No	Yes / No
Blood Pressure below 140/90 mm/Hg	Yes / No	Yes / No		
Cholesterol below 240 mg/dL	Yes / No	Yes / No		
Tobacco free (not one puff, dip, or chew)	Yes / No	Yes / No		

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name: _____ Phone: () _____

Address: _____
Street
City
State
Zip Code

Section III: to be filled out by the Employee

- I certify that the submitted information is accurate.
- I understand that incomplete forms, including missing or incomplete data or late submissions may delay the process of earning my points or may result in unearned points.

Employee Signature: _____ Date: _____

Submit this form to StayWell Health Management via Secure Fax at 1-877-637-4626

Please allow approximately 15-18 business days for StayWell to process your application and credit your Points Bank.

Note: This Personal Health Information is protected under the HIPAA confidentiality requirements

