

Primary Care Provider Form



UNIVERSITY OF NEW MEXICO EMPLOYEE & SPOUSE/DOMESTIC PARTNER INSTRUCTIONS

If you were not able to receive a Catapult Health Preventive Checkup this year, you may have your Primary Care Provider report lab and biometric values to receive credit toward the University of New Mexico wellness incentive being offered. All information requested below must be completed for credit to be awarded. Once complete, you must return your completed form to Catapult Health by 5:00PM on **October 18, 2019**.

This is your responsibility, not your provider's.

PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health in order to complete requirements UNM's wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), or to my UNM Medical Plan third-party administrator for claims processing. I understand UNM will not receive my individual medical information but will receive information from Catapult Health necessary to administer my wellness incentive, including UNM Banner ID, Name, DOB, and date of screenings or date PCP form is received by Catapult Health. UNM will also receive aggregate reports from Catapult Health and UNM's third party benefits consultant's data warehouse contractor. I understand this information may be used by my physician to identify my health risks, and to provide education regarding how to address my identified risks.

PLEASE PRINT CLEARLY. If illegible, your information will not be recorded.

PATIENT'S NAME: _____ DATE: ____/____/____ DATE OF BIRTH: ____/____/____
First M.I. Last Mo / Day / Year Mo / Day / Year

PATIENT'S SIGNATURE: _____ PHONE NUMBER: (____) _____ - _____

PATIENT'S E-MAIL: _____ UNM Banner ID: _____

(You will receive a confirmation email from Catapult Health when your form is processed.) (If Spouse/Domestic Partner, provide UNM employee's Banner ID)

ADDRESS: _____
Street or PO Box City State Zip

PROVIDER INSTRUCTIONS

University of New Mexico has partnered with Catapult Health to provide worksite wellness initiatives. Lab tests completed between October 20, 2018 and October 18, 2019 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Provider's Name		Provider's Signature	
Date of Tests		Did patient fast?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Cholesterol	mg/dL	HDL Cholesterol	mg/dL
Triglycerides	mg/dL	LDL Cholesterol	mg/dL
Glucose	mg/dL	A1C (optional)	%
Height	feet inches	Weight	lbs.
Abdominal Circumference	inches	Blood Pressure	/
Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

This completed form must be postmarked no later than 5:00 pm on October 18, 2019

VIA MAIL: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1120, Dallas, TX 75231