



Physical Verification Form

Instructions: Please complete the top of this form and take it to your physician to complete the bottom part of the form. Please Fax completed form to Bernadette Maus at 248-645-6557. Forms not received or received after October 31, 2018 will automatically default to Standard Plan.		Exam Date	
Last Name		First Name	
Signature		Birth Date and SS# (last 4 digits)	
Physician instructions: Please complete all the fields below, sign and FAX the completed form to Bernadette Maus at 248-645-6557. Forms must be received no later than October 31, 2018.			
Physician Signature: I verify the information supplied is complete and accurate.			
Physician Last Name		Physician First Name	
Physician Signature		Physician telephone number	Date

Physicians office please note the following: The annual physical or health maintenance exam also includes the following services listed below.

Gynecological examination	Testicular examination
Blood pressure measurement	Rectal examination
Skin examination for malignancy	Health counseling regarding potential health risk factors
Breast examination	

- **For Medicare Members – A Medicare Annual Wellness or Annual Physical is accepted.**
- **Please note that BCBS will pay for an annual physical once per calendar year.**