



## 2025 Annual Physical Verification

<b>Instructions:</b> Please complete the top of this form and take it to your physician to complete the bottom part of the form. Please email the completed form to Bernadette Maus at <a href="mailto:bmaus@ua190.org">bmaus@ua190.org</a> .		<b>Exam Date</b>
<b><u>Only MEMBERS need to supply Annual Physical Verification.</u></b>		
<b>Forms received after October 31, 2025, will automatically default to Standard Plan.</b>		
Patient Last Name (Print)	Patient First Name (Print)	
Patient Signature	<b><u>Member Last Four Digits of SSN#</u></b>	
<b>PHYSICIAN INSTUCTIONS:</b> Please complete all the fields below, sign and email the completed form to Bernadette Maus at <a href="mailto:bmaus@ua190.org">bmaus@ua190.org</a> , <b>no later than October 31, 2025.</b>		
Physician Signature: I verify the information supplied is complete and accurate.		
Physician Last Name	Physician First Name	Date
Physician Signature	Physician Telephone Number	Date

**Physician’s office please note: The annual physical or health maintenance exam also includes coverage for the services listed below.**

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

► **Please note that BCBS will pay for an annual physical once per calendar year.**