# <u>IMPORTANT</u>

Please have the attached Physical Verification Form filled out by your physician and faxed to the Fund Office at your scheduled 2017 annual physical appointment.

The Physical Verification Form is new for the 2017 calendar year and is meant to simplify the process of obtaining the annual physical verification required for the Enhanced Benefit Plan.

Please note that the Physical Verification Form must be **RECEIVED** by the Fund Office **NO LATER THAN October 31, 2017.**

<u>**There will be no exceptions to this policy for 2017.**</u>

If you have any questions or concerns, please contact the Fund Office at 888-390-7473.

## Physical Verification Form

| Member Instructions:<br>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.<br>**Forms not received or received after October 31, 2017, will automatically default to Standard Plan.** | **Exam Date**<br>**(mm/dd/yyyy)** | |
|---|---|---|
| Member Last Name | Member First Name | |
| Member Signature | | |
| **Physician instructions:**<br>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, 2017.** | | |
| Physician Signature: I verify the information supplied is complete and accurate. | | |
| Physician Last Name | Physician First Name | |
| Physician Signature | Physician telephone number<br><br>(mm/dd/yyyy) | 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 <u>once per calendar year.</u>**
- **Office Visits coded as a diagnostic visit that incorporate the scope of the services listed above.**