



## PREVENTATIVE SERVICES FORMS – GENERAL INFORMATION

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of a preventative routine physical and required screenings, if applicable, and dental exam and cleaning. Preventative exams are not required for members to be eligible for the health plan, but are encouraged as the funding of the HRA will be affected by the participation in the preventative exams. Please see the Benefit Booklet for information on incentive amounts.

All preventative exam forms must be uploaded to Healics at [www.myhealics.com](http://www.myhealics.com). To receive full HRA funds by January 1<sup>st</sup>, **forms should be uploaded by Thanksgiving<sup>^</sup>**.

**^ Forms uploaded after Thanksgiving through December 31<sup>st</sup> will still receive credit but may see a delay in receiving full HRA funds.**

To upload preventative exam forms to Healics:

1. Either scan your form to a PDF or take a photo of it.
2. Log into your Healics account at [www.myhealics.com](http://www.myhealics.com) (reminder Company ID is CityDePere; your ID is your legal first and last name, no spaces) **Please note: Do NOT upload anyone's forms but your own when logged into your dashboard.**
3. Click on the **"Upload Center"** tab from the top menu bar.
4. Choose your file, select **"Wellness Program Points"** as the document type, and enter notes such as "2024 annual physical form" then click on upload.
  - Healics will verify documentation submitted; please allow 1 -2 business days.
    - If the documentation is not complete or "No" was circled, Healics will email the participant to let them know what on the form needs to be corrected in order to receive credit.
  - You can verify form receipt by logging into your Healics account. Once the document has been verified, you will see a blue checkmark under the status column.
  - If you need assistance accessing your account or have questions about form receipt, email the Healics team at [receptionist@healics.com](mailto:receptionist@healics.com) or call 800.432.5427 and they will be happy to assist you!

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### Please note

- ✓ An Annual Preventative/Routine Physical Exam Form **and** Preventative Dental Services will need to be completed **for all participants (employees/spouses)** as the City will not obtain reports from the third party administrators.
- ✓ A separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms).
- ✓ **Forms should be received by Healics by Thanksgiving.** If forms are received after Thanksgiving, through December 31<sup>st</sup>, employees will still receive credit but may have a delay in receiving the full HRA credit.
  - The City of De Pere's medical plan allows for one annual preventative/routine physical and mammogram per calendar year – **exams DO NOT need to be scheduled at least 365 days apart.** We encourage scheduling early in the year to avoid a delay in receiving your full HRA funds.



# City of De Pere Annual Preventative/Routine Physical Exam Form



## Physical exam requirements for additional HRA contribution

Employees enrolled in the health plan are eligible to receive additional dollars in their Health Reimbursement Account (HRA) on an annual basis with completion of preventative/routine exams. Please see Benefit Booklet for information on incentive amounts. *Please note: a separate form must be completed for each health plan participant (i.e., both employee and spouse, if applicable, must each submit separate forms).*

**SECTION 1—TO BE COMPLETED BY HEALTH PLAN PARTICIPANT**

**Step 1: Acknowledgement of requirements:**

I acknowledge that if any of the responses completed by the provider’s office are circled “No” I will not be eligible for the additional HRA contribution.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Step 2: Please complete all information below:**

**Employee Name:** \_\_\_\_\_  
(Employee who carries plan coverage) (Please Print)

**Participant Date of Birth**

**Participant Name:** \_\_\_\_\_  
(Either Employee or Spouse) (Please Print)

\_\_\_\_/\_\_\_\_/\_\_\_\_

I am a (check one box):  Employee Health Plan Participant  Spouse Health Plan Participant

**Step 3: Participant Authorization**

I hereby authorize my primary care provider’s office to complete this document on my behalf:

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Step 4: Forward or bring this form to your primary care provider for completion, and follow up with them to confirm completion.**

**SECTION 2—TO BE COMPLETED BY PRIMARY CARE PROVIDER’S OFFICE**

**Step 1: Please circle Yes (if exam is completed or scheduled to be completed), No, or NA/Waive (if test is not applicable or recommended) to indicate participant achievement in the 2024 calendar year. All screening frequency requirements are determined by provider.**

Physical Exam(s): For men and women	Yes	No	NA/Waive
Breast Cancer Screening: For women 40 and older	Yes	No	NA/Waive
Cervical Cancer Screening: For women 21 and older	Yes	No	NA/Waive
Colorectal Screening: For men and women 45 & older	Yes	No	NA/Waive

**Step 2: Please complete Provider Verification below.**

**Signature of Provider’s Designee:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
(Date)

**Step 3: Provider Office: Please keep a copy of this document and send original to participant.**

**Employee/Participant: All forms must be uploaded to [www.myhealics.com](http://www.myhealics.com) by the participant. To promptly receive full HRA funds, forms should be submitted by Thanksgiving\*.**

\* Forms uploaded after Thanksgiving, through December 31st will still receive credit but may see a delay in receiving full HRA funds.