



2024 Wellness Points Awarded / Uploaded:

2025 Wellness Credit Earned:

Yes:

Labs:

2024 Physical Exam & Lab Work - Proof of Completion Form

to earn Wellness Incentive Credit and Wellness Points

Hand Deliver: 4URHealth Office, Latimer - Room 172 (secure mailbox available)
 Mail: San Antonio Regional Hospital - 4URHealth Office, 999 San Bernardino Road,

*Important Note: Please keep a copy of this completed form for your records.

Upland, CA 91786

San Antonio Regional Hospital's 4URHealth Wellness Program offers care team members the opportunity to earn wellness points and incentives throughout the year for participating in and completing wellness related activities.

Care team members who complete an **ANNUAL PHYSICAL and ASSOCIATED LABS** with their physician between **November 1, 2023** and **October 31, 2024** can earn:

- 10% Wellness Credit on the cost of their insurance premiums throughout 2025 if they are enrolled in the Core Advantage EPO medical plan for 2025.
- **Wellness Points** towards the 2024 4URHealth Wellness Points Program which can be accumulated and redeemed for an incentive. **Physical Exam = 20 Points / Lab Work = 15 Points**

Attention Care Team Members: You may use this form to provide proof of completion of a physical exam and lab work. Complete your personal information below (Section A) and then present to the performing provider for a verification signature of the services provided (Section B). *If your provider requires a fee to complete this form, you can submit alternative documentation to show proof of these activities.

SECTION A. CARE TEAM MEMBER INFORMATION:	
Printed Full Name:	Employee #:
Email:	Contact Number:
I am currently enrolled in the following SARH medical plan: Point of Service (POS) Core Advantage (EPO) HMO Not insured with a SARH medical plan	
By signing this form, I attest that the information provided is true and correct. Care Team Member's Signature:	Date: / / / / / / / / / / / / / / / / / / /
SECTION B. PROVIDER INFORMATION:	
I verify/attest that the above mentioned San Antonio Regional Hospital care team member received the following preventative medical screening/interventions:	
Please select Annual Physical Exam on: / / / / / / / / / / / / / / / / / / /	/ [Provider/Physician Office Stamp]
apply: Lab Results Reviewed on: / /	/ (if available)
Provider's Name:	Provider License #:
Provider's Signature:	Date : / / / / / / / / / / / / / / / / / /
Care Team Members: Completed forms must be received by October 31, 2024 to earn your wellness incentives. Submit to the 4URHealth office using one the following methods. • Upload Form: "Wellness Points" tab at www.sarh4urhealth.org • Email: 4urhealthcoach@sarh.org (PDF format preferred vs. photo image) • Fax: 909.985.2818	
• Interoffice Mail: Attention to the "4URHealth Office"	