

WELLNESS EXAM COMPLETION FORM

City of Rexburg

35 North 1st East
Rexburg, ID 83440

www.rexburg.org

Phone: 208.359.3020
Fax: 208.359.3022



CITY OF
REXBURG
America's Family Community

Each of the following listed services qualifies under Blue Cross of Idaho's preventative care benefits. **Services must be billed by the physician with a preventative/wellness diagnosis code in order to receive the proper credit for the services.** Each person is allowed one Blue Cross paid physical each calendar year. **The physical must be done in the prior calendar year in order for the employee to receive the following years HRA contribution.**

PATIENT _____ DOB _____ M F

EMPLOYEE NAME IF CHECK-UP IS FOR SPOUSE _____

CITY-REQUIRED ANNUAL CHECK-UP

- Adult Annual Physical Examination Done
- Chemistry Panels Done Not Needed *
- Cholesterol, Diabetes, Metabolic Screening
- Pap Tests (Age & Gender Appropriate) Done Not Needed *
- Screening Mammogram (Age & Gender Appropriate) Done Not Needed *
- Urinalysis Done Not Needed *

OPTIONAL TESTS

- Bone Density Screening
- Complete Blood Count (CBC) Test
- Colorectal Cancer Screening (Colonoscopy) (Any treatment performed during the colonoscopy will require both the colonoscopy and the treatment to be charged under major medical)
- EKG Screening
- Rubella Tests
- Thyroid Stimulating Hormone (TSH)
- Transmittable Diseases Screening
Including Chlamydia, Gonorrhea, HIV, Syphilis, Tuberculosis (TB)

*Test is not needed per doctor's opinion due to age or gender.

DOCTOR/CLINIC SIGNATURE _____ DATE _____

DOCTOR/CLINIC NAME (PRINTED) _____