



2020 Wellness Option Exam Affidavit Form

Patient Information

First Name: _____

Last Name: _____

Date of Birth: _____

TYPE OF ANNUAL PREVENTATIVE EXAM

____ Physical Exam Dates accepted between: August 1, 2019– October 15, 2020

____ Dental Exam Dates accepted between: August 1, 2019– October 15, 2020

____ Vision Exam Dates accepted between: August 1, 2019 – October 15, 2020

Facility Information

I verify that the above listed patient was seen in our office.

Name of Practice: _____ Date of visit: _____

Physician or Authorized Representative: _____

Printed Name: _____ Date signed: _____

Submit the form by:

1. Scan the form and email to bcscwellness@crh.org
2. Fax the form to BCSC Health Center at 812-375-8879
3. Drop off the form at the BCSC Health Center.



2020 Wellness Option

The \$250 premium reduction will be offered to employees that select the wellness option during open enrollment. Eligible spouses may participate for a total reduction of \$500 if all steps are completed by the employee and spouse.

Requirements for 2019:

1. Health Risk Assessment (online questionnaire)
2. Biometric Screening (height, weight, blood pressure)
3. Preventive Care Exam by Physician (August 1, 2019-October 15, 2020)
4. Dental Exam (August 1, 2019-October 15, 2020)
5. Vision Exam (August 2, 2019-October 15, 2020)

More information to follow with the 2020 schedule for the biometric screenings and lab work in your building.