

**Carbon County WY Wellness Program
Proof of Service Form**

Dear Health Care Provider,

I am enrolled Carbon County WY's optional wellness program. This program encourages me to make healthy lifestyle choices, including being active, eating healthy, and taking care of myself. As part of this program, I receive an incentive for having certain physical exams and screenings. To receive this, I need to turn in this form as proof of completion.

Please fill in the appropriate information as verification that I have completed at least one preventive exam.

To be completed by participant (Please Print):

Participant Name: _____ Date of Birth: ____/____/____

Gender (circle one): M F

Phone Number: _____ Email address: _____

To be completed by the provider/physician:

Provider Name: (print clearly) _____ Phone: _____

Provider Address: _____

Date of Service: _____

(Preventive screening must have been completed between January 1 and November 30 of the current year)

I certify that the above listed participant has completed one of the following (mark appropriate box).

Providers – only mark the services that were done at the current visit!

- | | |
|---|---|
| <input type="checkbox"/> Annual physical including review of current labs (includes DOT physical) | |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Pap or cervical cancer screening |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Skin cancer screening |
| <input type="checkbox"/> Prostate exam | |
| <input type="checkbox"/> CBC or similar blood test. | |

****Provider Signature (REQUIRED TO RECEIVE INCENTIVE):** _____

Please fax or email this form to Carbon County Human Resources

Carbon County must receive your form no later than December 15 to earn the incentive.

Fax: 307-328-2613

Email: hr@carboncountyywy.gov