

2023 PTG Preventive Care Instructions

All exams must be completed between **October 1, 2022** and **September 30, 2023**. All forms must be submitted on or before the **September 30, 2023** deadline.

Note: A medical Explanation of Benefits (EOB) may be submitted in lieu of this form.

How to Use this Form

1. Print the **2023 PTG Preventive Care Form** (next page).
2. Complete the **Member Information** section.
3. Bring this form with you to your **Annual Physical Exam**.
4. Ask your provider to enter the date of the physical exam in the **Date of Service** field, sign and date.
5. **Submit** your completed form to WEX using the contact information located at the bottom of the form.

Need a Doctor?

If you need to locate a **Primary Care Physician**, please visit the BCBS of MI website at bcbsm.com and select **Find a Doctor** to search for an in-network Physician.

What if I already had my annual physical exam? Can I submit an explanation of benefits (EOB) in place of this form?

Yes! You have the option to submit the medical carrier EOB in place of this form.

How much is the wellness credit?

\$100 per month for each covered employee and spouse who return a form completed by their Primary Care Physician.
\$25 per month for each covered employee and spouse that complete an onsite Catapult Health Screening (available at select locations).

What happens if I do not return my wellness form(s) by the deadline?

If you do not submit a preventive care form or carrier EOB to WEX by September 30, 2023, the credit will be removed beginning January 1, 2024 through December 31, 2024.

When is the deadline to submit my form?

To be eligible to retain your current cost for medical insurance, you must return a completed form or medical carrier EOB by **September 30, 2023**.

I have questions – who do I contact?

If you have questions regarding this form or the Premier 2023 Wellness Program, please contact your Human Resources Manager.

How can I confirm my form was received by WEX?

Log into your personal benefits account at premiertruckgroupbenefits.com and check the status of your submission. Please allow up to five business days from date of receipt for WEX to document receipt of your form(s).

2023 Premier Truck Preventive Care Form

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Member Information *(to be completed by the employee or spouse)*

Legal Name of Premier Employee :	Last Four of Employee SSN:	I am an employee : <input type="checkbox"/> I am a spouse : <input type="checkbox"/>
Your Name (Last, First, Middle):		Your Date of Birth:
Your email address:	Your telephone number:	
Your Signature _____ Date _____		
<i>By signing above, I certify that the information contained on this form is correct and has been verified by a physician. I understand that to falsify information is grounds for penalty or discharge.</i>		

This form is not a determination of benefits. If medical services are submitted with a diagnosis code or procedure code other than for Preventive Care, you may be responsible for the cost of the visit.

Provider Information *(to be completed by the physician administering the exam)*

Service	Date of Service <i>Print clearly</i>
Completion of Annual Preventive Physical Examination	
Provider's Signature	Date
Provider's Name (please print)	

Submission Directions

***** Load an electronic copy of your completed form to your WEX employee file *****

Log into our WEX administration platform at premiertruckgroupbenefits.com. Once logged in, click on the "Upload Here" button (sample below) that will be at the top right of the home page. Once you hit this button, you will end up in an enrollment screen and need to select who the completed forms are for, i.e. Employee Physical Completed, Spouse Physical Completed, Employee and Spouse Physical Completed. There will also be a link to upload the form in the enrollment. Upload your form(s) and submit.

Complete your Annual Physical!

It is important that all employees get an **Annual Physical!** Upload your Annual Preventative Care form here to earn your credit!

Upload Here

