

2026

WELLNESS REBATE CERTIFICATION FORM For Employees with SUTTER HEALTH PLAN (SHP)

Medical Coverage (Payment Authorization and Wellness Consultation Information)

EGUSD USE ONLY						
Verified:						

Form due no later th	an October 1, 2026 by 5pm. F	forms will be accepted starting November 1	1, 2025
1. Employee EIN:	First Name:	Last Name:	
Phone #:	Confirmation Email:	Work Location:	
2. Glucose & Cholesterol S	creening Completed:	Date:	
Contact your primary care physician ordered, you may go to any Sutter F your PCP decides you require more	(PCP) to request an appointment and obtain an ordealth Plan laboratory for the screening, with or with	ler for glucose and cholesterol screening lab work. Once the lab work has lout an appointment. There is no copay for this screening. A copay may be not required. To show that you have met this requirement, have your PCP s	required if
requirement, take the Personal Heal	of questions to help you become aware of possible	Completion Date (per employee):health risks. EGUSD will not have access to your individual answers. To complete the plan by visiting http://blogs.egusd.net/wellness/ and clicking on the health above.	complete this
4. Wellness Consultation	Completed:	Date:	
Including Blood Pressure & Body Mass A Wellness Consultation is a clinical and a review of your biometric scree risk assessment. Blood pressure scr part of your Wellness Consultation.	visit that includes information regarding recommen ns (glucose and cholesterol screening), blood pres- eening and BMI, which is a height and weight meas One Wellness Consultation appointment per calend is a more comprehensive appointment about matter	mployee's Physician/Representative Signature ded age-appropriate screenings sure screening, BMI, and health surement, will be completed as ar year is a zero co-pay visit. If **PROVIDER USE ONL For billing/encounter reporting, use the ap and ICD codes from the following list: The member cost share	LY oppropriate CPT his visit has \$0 s) s) up NOS)
5. Employee Certification			
Before submitting this form, did you: Complete shaded items 1, 3,	and 5? Primary Care Provider (PCP) for items 2 and 4?		
	n informed of recommended age-appropriate scree	my Sutter Health Plan medical provider to confirm that I have received an a enings. I understand that completed forms are subject to verification. <i>No pri</i>	
Employee Signature:		Date:	
Instructions on Completing Wellnes	s Rebate Certification Form for Sutter Health Plan	(SHP) members:	
☐ Schedule an appointment for I wellness consultation and requ	May 31, 2025 or after with your Primary Care Provider lest labs for glucose and cholesterol screening.	(PCP). Inform the staff that you are an EGUSD employee calling to schedule a	1
	Sutter Health Plan laboratory facility at least two days	prior to the appointment.	
	assessment (see Box 3 for more information). your PCP – bring this form and ask the PCP to ap	prove Boxes 2 and 4 above.	
	ns 1-5 are completed (employees are to complete sha	ded items), retain a copy of form for your records, and complete the online subr	mission in