

2026

CERTIFICATION FORM For Employees with **WESTERN HEALTH ADVANTAGE** (WHA)

Medical Coverage (Payment Authorization and **Wellness Consultation Information)**

EGUSD USE ONLY					
Verified:					

Form due no later than October 1, 2026 by 5pm. Forms will be accepted starting November 1, 2025

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1. Employee	EIN:	First Name:	Last Name:			
Phone #:	Confi	rmation Email:	Work Location:			
Contact your Primary applicable laboratory f	for screening. There is no copay for	veliness Consultation appointment and order this screening. A copayment may be required	yee's Physician/Representative Signature your glucose and cholesterol screening lab work. Your P I if your PCP decides you need more comprehensive lab t the end of your Wellness Consultation. Do not ask labo	os. Fasting is recommended but not		
To complete this requi	ent is a series of questions to help irement, take the MyWHAWellness	Personal Health Assessment (PHA) through	Completion Date (per emp The District will not have access to your individual answ Healthyroads offered by Western Health Advantage by whe date it was completed in the space above.	vers.		
4. Wellness Consultation Including Blood Pressure & Body Mass Index (BMI)		Completed:Employee		Date:		
blood pressure screeni One Wellness Consulta	ing, BMI, and health risk assessme ation appointment every 12 months , the visit may be subject to a copar PROVIDER USE ONLY For billing/encounter repo	ormation regarding recommended age-approp nt. Blood pressure screening and BMI, which is a zero-copayment visit. If your Wellness C yment. You may contact WHA Member Servic tring, use the appropriate CPT code from	riate screenings and a review of your biometric screens is a height and weight measurement, will be completed a consultation becomes a more comprehensive appointmen	as part of your Wellness Consultation. It about matters outside the area of the		
5. Employee C	ertification					
	form, did you: aded items 1, 3, and 5? ff from your Primary Care Provider	(PCP) for items 2 and 4?				
			ealth medical provider to confirm that I have received an are subject to verification. No private health information is			
Employee Sign	nature:			Date:		
Instructions on Cor	npleting Wellness Rebate Cert	fication Form for Western Health Advan	tage (WHA) members:			
☐Schedule an	appointment with your Primary C	are Provider (PCP) after May 31, 2025. Inf	orm the staff that you are an EGUSD employee callin			
consultation and request labs for glucose and cholesterol screening. APPOINTMENT MUST OCCUR WHEN BENEFIT ELIGIBLE WITH EGUSD Complete labs at a facility designated by your PCP's office at least two days prior to the appointment.						
Complete the online health risk assessment (see Box 3 for more information)						

☐Review the form to ensure items 1-5 are completed (employees are to complete shaded items), retain a copy of form for your records, and complete the online submission in

☐ Complete the appointment with your PCP – bring this form and ask the PCP to sign boxes 2 and 4 above.

the Employee Records section of the EGUSD Portal.