



## WELLNESS VISIT VALIDATION FORM

- Print a copy of this form and bring it with you to your doctor's appointment
- Fill out the Patient Information section. Answer every question. The form cannot be processed if incomplete.
- Your doctor should validate the form
- Submit the completed form to Marissa at [mmartz@lprconstruction.com](mailto:mmartz@lprconstruction.com). You can also hand in the form directly to Marissa or have your site administrator submit the form for you.

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### PATIENT INFORMATION

Relationship: \_\_\_\_\_Subscriber \_\_\_\_\_Spouse

LPR Employee Number: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### HEALTH CARE PROVIDER/DOCTOR VALIDATION OF WELLNESS VISIT

I certify that I have seen the above-named patient on \_\_\_\_/\_\_\_\_/\_\_\_\_ for a wellness visit.

Signature of Health Care Provider/Doctor (required): \_\_\_\_\_