

St. Johns County
Physician Verification Form
Annual Wellness Exam/Personal Health Assessment

Participant Information

First & Last Name

Print as Shown on FloridaBlue Statements

Member Number

FloridaBlue ID Card

Check One:

Employee

Spouse

_____/_____/_____
Date of Exam

Last 4 of Social Security Number

Participant Confirmation Statement

My signature confirms that all the information on this form is complete and accurate. I understand that I must submit this form to Hanna Chester at The Bailey Group by September 30, 2018 to receive the premium credit effective January 1, 2019.

Participant Signature

Date

Physician Confirmation Statement

Physician Name

Please Print

Physician Office Phone Number

Physician Office Address

Street, City, State, Zip

This is to confirm that the above named participant has completed a wellness examination, between October 1, 2017 and September 30, 2018 that includes blood pressure, blood glucose, total cholesterol, HDL and LDL measurements. My signature confirms that all the information on this form is complete and accurate.

Physician Signature

Date

Your Physician's Office is not responsible for submitting your completed Physician Verification Form.
RETURN FORM TO: The Bailey Group, Attention Hanna Chester, 1200 Plantation Island Drive South, Suite 210,
St. Augustine, FL 32080-3115 | 904-461-1800 | Fax 904-461-1775 | HChester@mbaileygroup.com