

2025 Employee Wellbeing Program Annual Dental Exam Form (50 Points)

| Instructions: Bring this form to your appointment and have your health care provider complete the appropriate section. Only one dental visit is eligible for credit per year. Please do not include any personal medical information with this form. Please upload to the beBetter wellness portal immediately after your appointment. For Physician: | | | |
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| | | This form confirms that the individual named above rec January 1, 2025 and December 31, 2025. | eived an annual dental exam between |
| | | Date of Exam | Health Care Provider Name, Printed |
| | | | |
| | | | |
| | Health Care Provider Signature | | |
| Health Care Provider Stamp or National Provider Identifier (Physician office has the NPI #) | | | |
| For Employee/Employee Spouse: | | | |
| By signing and submitting this form, I verify that the inf accurate. I understand that any falsification of this docu and including termination. I understand that I may, at an verification of proof of appointment. | ment could result disciplinary action up to | | |
| Employee/Employee Spouse Signature | | | |
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Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives this information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Exam must be completed between January 1, 2025 and December 31, 2025, and the completed form including the provider stamp OR NPI number uploaded to <u>beBetterHealth.net</u> no later than December 31, 2025 for credit. Points will be removed from forms with missing information. Distribution are to be made by March, 2026 for submissions received by December 31, 2025.