



Employees and Spouses Qualify for a \$50 Gift Card!

PHYSICIAN AFFIDAVIT of ANNUAL WELL VISIT

Employee / Spouse Information (Please Print):

Last Name:	First Name:	Middle Initial:
Choose One: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse	Employee ID:	Employee Department / Store Location:
Personal Email Address:*	Employee Address:	
City:	State:	Zip Code:

*e-gift card/gift card redemption instructions will be emailed to this address, see details below

Provider Information (Please Print):

Physician Name / Facility Name:		
Street Address:		
City:	State:	Zip Code:

Provider Certification:

I am certifying that the patient listed above obtained an examination on ____/____/____ that met the minimum screening requirements for their age.

Physician's Signature

Date

Acknowledgment and Agreement:

I understand that to be eligible for this preventive screening incentive, I must acquire a physical exam by a licensed physician. I further understand that my signature below certifies that I have complied with the requirement of completing the physical examination. ****Annual Preventive Care Visits include certain routine lab tests. These routine lab tests are paid when billed by your provider with a wellness diagnosis. Please call the number on the back of your medical ID card for additional information on preventive labs coverage****

Employee / Spouse Signature

Date

Email this completed form to Corporate Human Resources at benefits@discounttire.com by December 31 of the current year for this year's well visit. An email will be sent to the email address you provide on this form, which will include a link and code to redeem for the e-gift card/gift card of your choice. If no email is provided, instructions will be mailed to your home address on file.