



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

PHYSICIAN AFFIDAVIT of ANNUAL WELL VISIT

Employee / Spouse Information (Please Print):

Form with fields for Last Name, First Name, Middle Initial, Choose One (Employee/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):

Form with fields for 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.