

PHYSICIAN AFFIDAVIT of ANNUAL WELL VISIT

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

Employee / Spouse Information (Please Print):

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):

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 the address listed below 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.

Email form to Benefits@discounttire.com.

Tire Rack: Email form to HumanResources@tirerack.com.

