



# UVA Physicians Group Employee Wellness Visit Attestation Form

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MEMBER FIRST NAME

MEMBER LAST NAME

DATE OF WELLNESS VISIT

This self-reported data is attesting that you have seen your physician and completed a Wellness Visit as submitted\*. If USPM is unable to match, with Anthem, the provider and date of service with the information you have provided you could be responsible for reimbursing UPG any incentive you earned as a result of this submission.

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PROVIDER NAME (PRINT)

PHYSICIAN NPI NUMBER

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TELEPHONE NUMBER

FAX NUMBER

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ADDRESS

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PROVIDER SIGNATURE

DATE (MM/DD/YYYY)

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MEMBER SIGNATURE

DATE (MM/DD/YYYY)

(\* ) Wellness Visit must have taken place within 1 year of completing your Health & Well-Being Assessment.

