

Primary Care Provider (PCP) Acknowledgement Form for 2022 plan year discount



Pottawatomie County employees that meet with their primary care physician to complete a full annual physical that includes biometric results care may receive a health insurance premium discount of \$480.00 for 2022.

This will lower your bi-weekly health insurance premiums by \$20.00 per paycheck!

Just take the PCP Acknowledgement Form to your primary care physician to have them check off the listed screenings.

The form must be completed and returned to Human Resources by November 15, 2021. This is your responsibility, not your Provider's.

New hires (those hired on or after December 1, 2020) who complete and submit the form will have the discount applied for the remainder of 2021 as well as 2022. The screening can be completed by your physician prior to your benefits effective date, but after January 1, 2021. Ask HR for other sufficient documentation types.

Find an In-Network Provider

To find in-network providers, please go to the Blue Cross Blue Shield of Kansas website, bcbsks.com/find-a-doctor/.

Request a Preventive Visit

To avoid any copays or extra fees, state that your visit is strictly preventive and should be covered at 100% under the Affordable Care Act. You can check here for what is included:

healthcare.gov/coverage/preventive-care-benefits/

It is important to communicate with your physician about your wellbeing. Please note, when you discuss medical concerns at your preventive appointment, the appointment billing code could be changed from preventive to diagnostic. In addition, in order to fully treat you, some physicians feel it's important to run additional lab work, some of which may not be covered at 100% preventive. It's always recommended that you follow your physician's advice but know that only the services on the ACA preventive care list, as set by the government task force, are covered at 100%.

If you end up with a balance billed to you for your appointment, you should call the provider's office and ask it to be refiled as preventive. This is sometimes helpful in eliminating the balance, but billing is based on the services provided at your appointment.

Instructions

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **employee's responsibility** to submit the PCP Acknowledgement to Pottawatomie County HR. Urgent care clinics, LittleClinic, MinuteClinic, or any other immediate care clinic visits do not qualify as Primary Care Visit completion.

Pottawatomie County Employee Primary Care Provider Acknowledgement Form



Patient Information

Patient's First and Last Name (printed): _____

Date of Birth: _____ E-mail: _____

Patient's Signature: _____

Physician Information

Physician Name/Office: _____

Phone Number: _____

Office Address: _____

Provider Instructions

This acknowledgement form confirms that the patient named above received the following preventive care listed below between **January 1, 2021** and **November 15, 2021**. The primary care physician needs to complete the information below and return the completed form to the patient named above. It is the patient's responsibility to submit the form to Human Resources by November 15, 2021.

Requested Screenings (checkmark if completed – results not needed)

- | | |
|--|---|
| <input type="checkbox"/> Height | <input type="checkbox"/> Low Density Lipoprotein (LDL) |
| <input type="checkbox"/> Weight (in pounds) | <input type="checkbox"/> High Density Lipoprotein (HDL) |
| <input type="checkbox"/> Waist Circumference | <input type="checkbox"/> Triglycerides |
| <input type="checkbox"/> BMI (Body Mass Index) | <input type="checkbox"/> TC/HDL Ratio |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Glucose (fasting) |
| <input type="checkbox"/> Pulse | <input type="checkbox"/> HbA1c (if physician recommended) |
| <input type="checkbox"/> Total Cholesterol | |

Physician

I certify that the patient listed above completed his/her annual physical, received the tests indicated on this form on: _____/_____/_____ AND that I have discussed any results that are out of range or may be a concern to his/her health.

Physician Signature: _____

Please return the form to Pottawatomie County Human Resources:
FAX: 785-457-3503 or EMAIL: humanresources@pottcounty.org