



2013 CHILD WELL VISIT VERIFICATION FORM

(for children age 17 and younger)

Dear CNO Medical Plan Participant:

Please review this form before your child's well visit. During the visit, discuss recommended preventive care with your child's health care provider and inquire about other recommended screenings. Then submit this form to OurHealth to be awarded CNO wellness incentives that will be deposited in your Health Savings Account (HSA). For the 2013 plan year, only annual physicals/well child visits that take place between December 1, 2012, and November 30, 2013, may be submitted for 2013 wellness incentives.

Please note that CNO wellness incentives will be awarded for only one well child visit per family, per year.

Patient Name (please print): _____

Patient Date of Birth: _____

Employee Name (please print): _____

Employee ID: _____

Dear Health Care Provider:

Your patient's parent or legal guardian is involved in an employer-sponsored wellness program that provides financial incentives for completing your patient's well child visit. Submission of this form is required for your patient's parent or legal guardian to earn this incentive for 2013. Please complete this form, and return it to your patient or his or her legal guardian, fax it to 1-866-422-0915, or email it to cno@ourhealth.org. Thank you for your assistance.

SECTION I: Must be completed by your physician.

Date of preventive care exam: ____/____/____

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name (please print): _____

Health Care Provider License #: _____

Please fax, email, or mail this form to OurHealth, c/o OurClinics@CNO by no later than November 30, 2013, to earn your 2013 CNO wellness incentive.