

ARBenefits Wellness Primary Care Provider (PCP) Form

If you complete a worksite checkup through Catapult Health, you do not need to complete this form or the online Health Risk Assessment (HRA).

In order to qualify for wellness:	Initial
I understand that if I choose to see my PCP for wellness, I must complete the HRA online by October 31, 2021	
I understand that if I test positive for cotinine/nicotine, I must complete the tobacco cessation course before October 31, 2021	
I understand that if I am pregnant, I still must complete the HRA online, as well as submit the wellness form	
I understand that if my spouse is on my plan, they must also complete the same wellness requirements	

PLEASE PRINT CLEARLY
If your information is not easily readable, it will not be recorded.

PATIENT ENTRY

PATIENT'S FIRST AND LAST NAME (PRINTED): _____

ARBENEFITS MEMBER ID #: _____ DATE OF BIRTH: ____ / ____ / ____

PATIENT'S SIGNATURE: _____ E-MAIL: _____

LAST 4 DIGITS OF SOCIAL SECURITY #: _____ MOBILE #: (____) ____ - ____

PROVIDER ENTRY

PROVIDER'S NAME (PRINTED): _____ PROVIDER'S SIGNATURE: _____

EXAM DATE: ____ / ____ / ____

Please check this box if your patient is pregnant and exempt from completing the following lab work

Height	feet	inches		Did patient fast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal Circumference		inches		Weight		lbs.
Total Cholesterol		mg/dL		Blood Pressure	/	mmHG
LDL Cholesterol		mg/dL		HDL Cholesterol		md/dL
Glucose		mg/dL		Triglycerides		mg/dL
Admitted nicotine user*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Cotinine (nicotine)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

*Admitted nicotine user does not need to be tested. Will be considered positive.

**THIS COMPLETED FORM MUST BE RECEIVED BY
OCTOBER 31, 2021**
Send via fax: 1 (833) 323 – 4329
Send via email: health.services@dfa.arkansas.gov