



2014 Child Well Visit Verification Form



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 2014 plan year, only annual physicals/well child visits that take place between December 1, 2013, and November 30, 2014, may be submitted for 2014 wellness incentives.

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

Section 1: Patient Information (Please Print)

Patient Name:	Patient Date of Birth:
Employee Name:	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 2014. 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 2: Exam Verification (Completed by the Physician)

Date of Preventive Care Exam:	
Health Care Provider Name (printed):	Health Care Provider License #:
Health Care Provider Signature:	Date Signed:

Please fax, email, or mail this form to OurHealth, c/o OurClinics@CNO by no later than November 30, 2014, to earn your 2014 CNO wellness incentive.