Medical Exemption Form





INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/ policyholders)

If you did not qualify for the wellness incentive or are unable to participate in the onsite preventive checkups during the program year of 11/1/20 to 8/31/21 because you were pregnant at the time of the checkups, as an alternative you may work with your physician to develop a plan to maintain or improve your health. Complete the form below, have it signed by your personal physician, and fax it to Catapult Health at 877-885-9904 by 5:00 PM CST on Tuesday, August 31, 2021.

PLEASE PRINT CLEARLY. If illegible, your information will not be recorded.

PATIENT'S NAME:		DATE: / /	DATE OF BIRTH: _	/ /	
First	M.I. Last	Mo / Day / Year		Mo / Day / Year	
PATIENT'S SIGNATURE:		PHONE NUMBER:()		
PATIENT'S E-MAIL:			BCBS LA Member ID:		
ADDRESS:Street or P					
Street or P	O Box	City	State	Zip	
Instructions for Physic	cian				
of Group Benefits. He or she pregnant at the time of the the Office of Group Benefits	e did not achieve the consite checkups and to accommodates personed to know the do not need to know the document of th	ate in the employee wellness required health standards tha thus ineligible to participate. I onal physician recommendati ow if your patient is pregnant,	nt are a part of the point are a part of the point of the point are a part of the point are	rogram, or was HPAA requirements, to maintain or	
, , ,	,	presented a health improver our patient during her pregna		tient who is named	
Physician's Name (Print)	 Physiciar	n's Signature	Today's Date		

This completed form must be received by Catapult Health by 5:00 pm on August 31, 2021

VIA MAIL: Catapult Health - PCP Form, 8144 Walnut Hill, Suite 1100, Dallas, TX 75231

VIA FAX: 877-885-9904 (no cover page is needed)