

2024 EMPLOYEE VERIFICATION FORM



As a participant of the JCUFit wellness program, I have the opportunity to earn points by engaging in healthy behaviors. I am requesting credit for the selected services and wish to release my information for verification.

By signing this form, I hereby grant permission for Skywell to verify the service(s) selected below.

- I have attached supporting documentation** (Explanation of Benefits (EOB) from my insurance company, MyChart printout, after-visit summary and/or signed provider verification) for services for which I am requesting credit. **Only the date of service, type of visit and your name are needed. You may mark out any personal health information.**

Print Name

Signature

Date of Birth

Health Exams & Screenings - PROOF OF VISIT REQUIRED FOR ALL

Biometric Screening within **12/2/23 - 12/1/24**

1000 points

MUST include all of the following:

- Body Mass Index (BMI), Height, Weight Value for each: _____ / _____ / _____
- Blood Pressure Value: _____ / _____
- Total Cholesterol, HDL, LDL, Triglycerides Value for each: _____ / _____ / _____ / _____
- Glucose Value: _____

Primary Care Provider (PCP) Well Visit within **1/1/22 - 12/1/24**

1000 points

A PCP may be a Physician or Nurse Practitioner in Internal Medicine, Family Practice or OB/GYN.
A PCP well visit is a routine check-up to assess your overall health.

Preventive Service(s) within **12/2/23 - 12/1/24**

500 points each (max 8)

- Bone Density Screening Dental Exam Skin Cancer Screening Colonoscopy/FIT Test
- Hearing Test Mammogram Vision Exam Prostate Screening
- Pap Test / GYN Exam Immunization (flu/covid/shingles/pneumonia, etc.)

Chronic Condition Management Program within **(1/1/24 - 12/31/24)**

Applies if you enrolled before 2024 but are currently attending

- Asthma High cholesterol
- Diabetes management Weight management
- High blood pressure Smoking cessation
- Can be done 3x within year

**500 points
each (max 3x
per year)**

****Please allow up to 4 weeks for processing before you see your credit on the wellness portal.****

Questions? 440-592-1121 or skywell@metrohealth.org. Thank you for your participation!

HOW TO SUBMIT WELLNESS VISITS

Earn credit for your preventive services, primary care provider visit & biometric screening.

Fill out the verification form.

1

You must have a portal account to earn credit.

Create a portal account at join.virginpulse.com/skywell

Or download the **Virgin Pulse** app

If creating account on app, sponsor is Skywell



2

Provide supporting documentation such as explanation of benefits, after-visit summary, receipt, a screenshot of your MyChart or any other proof of the visit.

Only your name, date of service and type of service are needed. You may mark out any personal health information.

3

Email the verification form and supporting documentation to our secure email at skywell@metrohealth.org
Photos of the documents are accepted.

Please allow up to 4 weeks to process.

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