

Health Care Provider (HCP) Verification Form

The following steps must be completed in order to obtain Health Care Provider (HCP) credit for the 2022 medical premium discount. HCP visits can be completed either with Furman's on-site nurse practitioner, health coach or registered dietitian or at an off-site visit with your personal physician, physician assistant, family nurse practitioner, or registered nurse.

NOTE: This form is only needed for individuals stratified into Phases 4 and 5. This form must be completed in full, including your provider's signature, AND the visit must be completed during the current program year to be accepted for credit.

Personal Information

Patient completes and takes with them to health care provider.

Full Legal Name

Last 5 digits of SSN

____/____/____
Date of Birth

Email

Phone

Please check one: Employee Spouse/Domestic Partner

If spouse/domestic partner, Employee's Name: _____ *Employee's Date of Birth:* ____/____/____

HCP Visit Information

The health care provider should complete this section and sign to confirm the visit has been completed.

Practice Name

Phone

Provider's Name (Printed)

Provider's Signature

Date

Patient Release

I give permission for Prisma Health Business Health Solutions to use this form to document my completion of an HCP visit. I understand that no detailed information related to this visit will be shared with Furman University. Only confirmation of completion will be reported to Furman's Human Resources department so that I may receive my medical premium discount.

I understand it is my responsibility to ensure this form is submitted and received by Prisma Health.

Participant's Signature

Date

The completed form should be faxed or emailed to:

Attention: Confidential HCP Form – Furman University
Secure Fax Number: 864-797-6635
Email: furmanwellness@prismahealth.org

SUBMISSION DEADLINE: December 1, 2021

Completion is for 2022 medical premium discounts.