



Health Care Provider (HCP) Verification Form

The following steps must be completed in order to obtain Health Care Provider (HCP) credit for the 2025 medical premium discount. HCP visits can be completed either with Furman's on-site nurse practitioner, health coach or registered dietitian <u>or</u> 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, <u>AND</u> 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 4 digits of SSN	// Date of Birth
Email	Phone	
Please check one: Employee Spouse/Domestic Partner		
<i>If spouse/domestic partner,</i> 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 Employer Health Services 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 University's Human Resources department so that I may receive my medical premium discount. I understand it is my responsibility to ensure this form is received.

Participant's Signature

Date

Submission Details

It is the responsibility of the patient, not the provider, to submit this form. The completed form should be faxed or emailed to:

Attention: HCP Form – Furman University Fax Number: 864-797-6635 Email: <u>Furmanwellness@PrismaHealth.org</u>

SUBMISSION DEADLINE: December 1, 2024

Completion is for 2025 medical premium discounts.