

**Employee Name:** 

**Dentist Name: PLEASE PRINT** 

## Beatitudes Campus Wellness Program 2015-2016 Dentist Statement





For the 2015-2016 plan year, Beatitudes Campus employees and their spouses/domestic partners will again have the opportunity to participate in the Beatitudes Campus Wellness Program and secure a discount on their medical plan premiums for the 2016-2017 plan year. Participation in the Campus Wellness Program is voluntary and confidential. Three steps are required to satisfy the 2015-2016 Campus Wellness Program requirements. The first step is the completion of an annual wellness exam and blood work to obtain basic biometric information (separate form is required for this step). The second step is the completion of the online Health Risk Assessment on or before August 12, 2016. The third step is the completion of an annual dental exam and/or basic cleaning.

Step 3: Annual Dental Exam and/or Basic Cleaning:

To be completed by the employee: PLEASE PRINT

Please have an annual dental exam and/or basic cleaning, appropriate for your age, done by a dentist of your choice. In order to report that you have met this requirement, take this form with you to your appointment. Once the screenings have been completed, your dentist can sign the form verifying the necessary exam and/or cleaning has been done; additional dental work is not required above and beyond this requirement. Submit completed forms, including a dentist's signature, to the Human Resources Office or fax to (602) 995-6127 on or before August 12, 2016. Forms will not be accepted after this date for the 2016-2017 Campus Wellness Program.

Date of Exam:

Employee Date of Birth:

Dear Dentist:
At Beatitudes Campus, we value the health and well-being of our employees. We provide a number of resources to promote wellness including access to Cigna health coaches, an Employee Assistance Plan, and other preventive and educational benefits (most are free of charge). As a part of our 2015-2016 Campus Wellness Program, employees are required to complete certain steps in order to obtain a discount on their 2016-2017 medical insurance premiums. This year, one requirement is to verify they have completed are annual dental exam and/or basic dental cleaning.
As part of the exam you perform today, please provide, at a minimum, one of the items listed below and provide your signature as verification of the visit. With the increased emphasis on dental health of this year's program, we hope our employee will fee informed about their health, learn of any concerns with their dental health, and become educated on the steps they can take to improve their dental health over time. Please support our efforts by communicating with your patient the results of the exam, the importance of regular cleanings (by age and gender), and steps to control individual risk factors.  • Dental Exam  AND/OR  • Basic Dental Cleaning
Please note: At no time should any results for an individual be sent to or shared with the Beatitudes Campus personnel.
Dentist Signature

Please email any questions or concerns regarding this process to Tara Bethell, V.P. of Human Resources, at <a href="mailto:tbethell@beatitudescampus.org">tbethell@beatitudescampus.org</a>.

**Date**