Wellness Reward Preventive Health Exam Confirmation Form

Preventive health exams must be completed between January 1 and December 31 for credit in the current year's Wellness Reward Program. **Return this form to Health Solutions, Attn: Raytheon Wellness Reward by December 31. Email: raytheon@healthsolutions.com** Fax: 888.616.1635

SECTION I: TO BE COMPLETED BY PATIENT Please print all information clearly.						
Employee #				Gender	М	F
Patient First Name:	Patie	ent Last Name	2:			
Address:	City:		State:		Zip Code	:
Work Phone Number: ()		Employee	Spouse / S	ame - Sex D	omestic Par	tner
Please read the disclosure statement below. I understand that by submitting this form I am agreeing to participate in the Wellness Reward program. I understand that my participation will be managed by Health Solutions and OptumHealth [™] who are administering the incentive program for Raytheon.						
Patient Signature:			2:			
SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN						
Examination Date:						
I confirm that the person named above has completed an annual preventive health exam.						
Physician's Signature:						
Physician's Name (please print):						
Physician's Address:						

You must complete this form and you must also complete your online health assessment to earn your Wellness Reward. It may take up to 3 weeks for your form to process and appear online as received in MyPersonal Health Manager.

If you have questions about your wellness account (e.g., receipt of your card, balance or eligible expenses) and you are not enrolled in an HSA plan, call Optum Health Financial at 800.243.5543. If you are enrolled in an HSA, call Optum Health Bank at 800.791.9361.

For questions about the Wellness Reward Program or health assessment, contact Optum Health at 877.818.5826.

For questions regarding receipt of your Preventive Health Exam Confirmation Form, contact Health Solutions at 800.711.8656.