

2025 Caregiver Wellness Verification Form

Provider Office Use Only – It is important that this exam is coded correctly, and proper labs are ordered for billing purposes:

- Primary Diagnosis Routine Physical Codes **must use** Z00.00 or Z00.01.
- Well Visit and Physical – must **use CPT Codes** 99381-99397 (*dependent on age*).
- **No IH modifier will be accepted.**
- Covered Wellness Labs (**no other labs will be covered. Patients will be billed for additional tests**)
 - 80053 Comprehensive Metabolic Panel **OR** 80048 Basic Metabolic Panel
 - 80061 Lipid Panel
 - 83036 A1C

Patient Information

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Employee ID: _____

Date of Wellness Visit: _____

Date of labs completed including CMP, lipid panel, and A1C: _____

Provider Information

Must be completed by a licensed health professional (M.D., D.O., NP, PA)

Last Name: _____ First Name: _____ M.I.: _____

Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Provider TIN/EIN#: _____

Provider Signature: _____ Date: _____

INTEGRIS Health Wellness Program 2025

Your patient is participating in a voluntary wellness program provided through INTEGRIS Health, their employer or their spouse's employer. This program is designed to educate and encourage your patient to adopt and maintain healthy lifestyle behaviors.