

2026 Dot Incentive Program

Annual Physical and Routine Lab Work Confirmation Form

January 1, 2026 – October 31, 2026

FIRST NAME

MIDDLE NAME

LAST NAME

PATIENT:

DATE OF BIRTH:

EMPLOYEE ID NUMBER:

**If you are a spouse, please use your spouse's employee ID number.*

NOTICE TO PROVIDER

Your patient has an opportunity to complete an annual physical and routine lab work as a part of their employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient. Patient **MUST** upload the signed form no later than **October 31, 2026**.

QUALIFYING PROGRAM ACTIVITY	DATE OF COMPLETION	CLINIC ADDRESS/PHONE NUMBER <i>*Please use your clinic stamp here if you have one</i>	PROVIDER SIGNATURE
ANNUAL PHYSICAL			PRINT NAME: SIGN NAME: DATE:
ROUTINE LAB WORK			PRINT NAME: SIGN NAME: DATE:

REASONABLE ALTERNATIVE TO ROUTINE LAB WORK

***DATE AND SIGNATURE ARE REQUIRED**

If you are unable to complete routine lab work or if routine lab work has already been completed this year, the provider may attest to one of the following. Your provider should initial the applicable attestation box below, sign and date above.

- Routine lab work is not medically appropriate for this patient, currently (includes medical, physical, or clinical limitations and provider judgement).
- Routine lab work cannot be completed by the patient at this time for medical reasons.
- The patient has already completed routine lab work this year and is sufficient to meet the wellness requirement.

Marathon Health Portal

- Log in or create an account at my.marathon.health
- Click "View Program Details" on the homepage
- Select the activity you are submitting a form for
- Click the "Upload Incentive Form" button to upload your completed document
- **Once submitted, your form will be processed within 24-48 hours**

Marathon Health App

- Log in to the Marathon Health App
- Click the incentive program under "My Incentives"
- Select the activity you are submitting a form for
- Click the "Upload Incentive Form" button to upload your document or take a photo
- **Once submitted, your form will be processed within 24-48 hours**

NOTICE TO PATIENT

It is YOUR responsibility to upload this form through the Marathon Health Portal once it's completed by your provider. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO YOUR EMPLOYER THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED ABOVE. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.



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