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 **Please use your clinic stamp here if you have one*	PROVIDER SIGNATURE
ANNUAL PHYSICAL			*PRINT NAME:* *SIGN NAME:* *DATE:*
ROUTINE LAB WORK			*PRINT NAME:* *SIGN NAME:* *DATE:*

***DATE AND SIGNATURE ARE REQUIRED**

REASONABLE ALTERANTIVE TO ROUTINE LAB WORK

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.*

Portal de Marathon Health

- Inicie sesión o cree una cuenta en my.marathon.health
- Haga clic en "Ver detalles del programa" en la página principal
- Seleccione la actividad para la cual está enviando el formulario
- Haga clic en el botón "Cargar formulario de incentivo" para subir su documento completado
- Una vez enviado, su formulario se procesará dentro de 24 a 48 horas

Aplicación de Marathon Health

- Inicie sesión en la aplicación de Marathon Health
- Haga clic en el programa de incentivos en "Mis incentivos"
- Seleccione la actividad para la cual está enviando el formulario
- Haga clic en el botón "Cargar formulario de incentivo" para subir su documento o tomar una foto
- Una vez enviado, su formulario se procesará dentro de 24 a 48 horas

AVISO AL PACIENTE

Es SU responsabilidad cargar este formulario a través del Portal de Marathon Health una vez que su proveedor lo haya completado. AL COMPLETAR ESTE FORMULARIO Y ENVIARLO A MARATHON HEALTH, USTED CONSIENTE QUE MARATHON HEALTH DIVULGUE A SU EMPLEADOR QUE HA COMPLETADO LAS ACTIVIDADES DESCRITAS ANTERIORMENTE. Usted puede revocar su consentimiento para esta divulgación en cualquier momento enviándonos una notificación por escrito. La revocación no se aplicará a la información que Marathon Health ya haya divulgado conforme a este formulario de verificación.