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.*

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**

If you are unable to submit the form on the portal or app, email the form to benefits@dotfoods.com for processing.

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.

FAMILY HEALTH CENTER DOT

Marathon Health

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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

Si no puede enviar el formulario a través del portal o la aplicación, envíelo por correo electrónico a benefits@dotfoods.com para su procesamiento.

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.

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Portail Marathon Health

- Connectez-vous ou créez un compte sur my.marathon.health
- Cliquez sur « Voir les détails du programme » sur la page d'accueil
- Sélectionnez l'activité pour laquelle vous soumettez un formulaire
- Cliquez sur le bouton « Téléverser le formulaire d'incitation » pour télécharger votre document complété
- Une fois soumis, votre formulaire sera traité dans un délai de 24 à 48 heures

Application Marathon Health

- Connectez-vous à l'application Marathon Health
- Cliquez sur le programme d'incitation sous « Mes incitations »
- Sélectionnez l'activité pour laquelle vous soumettez un formulaire
- Cliquez sur le bouton « Téléverser le formulaire d'incitation » pour téléverser votre document ou prendre une photo
- Une fois soumis, votre formulaire sera traité dans un délai de 24 à 48 heures

Si vous ne pouvez pas soumettre le formulaire via le portail ou l'application, veuillez envoyer le formulaire par courriel à benefits@dotfoods.com pour traitement.

AVIS AU PATIENT

Il est de votre responsabilité de téléverser ce formulaire via le portail Marathon Health une fois qu'il a été complété par votre prestataire. En complétant ce formulaire et en le soumettant à Marathon Health, vous consentez à ce que Marathon Health divulgue à votre employeur que vous avez complété les activités décrites ci-dessus.
Vous pouvez révoquer votre consentement à cette divulgation à tout moment en nous envoyant un avis écrit. Cette révocation ne s'appliquera pas aux informations déjà divulguées par Marathon Health conformément à ce formulaire de vérification.

FAMILY HEALTH CENTER DOT

Marathon Health