



Wellness

Stay healthy!

Feel great!

OCHC WELLNESS

Earn a **\$25** bonus for each of these completed exams below:

- Annual Wellness Visit (including Well Woman)
- Mammogram
- Colonoscopy
- Cologuard

Complete the attached form and submit to: **Denise White** in Administration.

Also, earn money joining our **WEIGHT-LOSS PROGRAM!**

Earn **\$25** for achieving **4% weigh-loss** from the time of enrollment. Weigh-ins will be documented and submitted quarterly by your manager.

Bonuses will be paid out monthly.



www.ozarkschc.com

18627 Jackson St. | Hermitage, MO 65668



DATE: ____/____/____

EMPLOYEE:

FIRST NAME: _____

LAST NAME: _____

HEALTH SERVICE:

- Yearly Check-Up
- Mammogram
- Colonoscopy
- Cologuard

*If you are a part of the Weight Loss Program, please see your Clinic Manager for more information.

EMPLOYEE SIGNATURE:	DATE:
MEDICAL PROVIDER SIGNATURE OR PROVIDE DOCUMENTATION OF THE VISIT:	DATE:

**If you cannot get a Provider's Signature, please attach documentation of your visit when turning this in.*

SUBMIT ALL DOCUMENTS REGARDING YOUR HEALTH SERVICE BY JANUARY 31ST OF THE FOLLOWING CALENDAR YEAR.