

# 2013 Retiree Physical Completion Form

## Personal Benefit Account (PBA)

### City of Green Bay

This form is to be completed by **your physician when you go in for your physical. The physical must include the following:**

- Body Mass Index (BMI)
- Glucose
- Cholesterol

Send completed forms to City of Green Bay Wellness Coach (information at the bottom of the form). If you have any questions, please call the Wellness Coach at (920) 448-3101.

Complete this form for each member covered under the City Insurance plan to receive the PBA dollars for the physical.

**Insurance Card Holder Name:** \_\_\_\_\_

**Name of person who had service completed:** \_\_\_\_\_ ee / sp / dependent  
(circle one)

**Physical Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

OR

Attach your EOB (Explanation of Benefits form) to this form.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Return completed form to the City Wellness Coach:  
City of Green Bay,  
100 N. Jefferson St. Room 500. Green Bay, WI 54301-5006  
Or fax to: 920-448-3128 ATTN: Wellness Coach  
Please retain a copy of this form for your records.*

For Internal Use Only

Date entered on spreadsheet:

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