

City of Roswell Incentive Program

2025 Annual Physical Verification Form

NOTICE TO PATIENT

Please fill out the top portion of this form and take it to your medical provider when you complete your annual physical with labs/biometric screening. This activity must occur between October 1, 2024 and September 30, 2025 to count towards the 2025–2026 City of Roswell Wellness Program activities. Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO CITY OF ROSWELL THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. 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.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

PATIENT DATE OF BIRTH

NOTICE TO PROVIDER

Your patient has an opportunity to complete an annual physical 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.

QUALIFYING PROGRAM ACTIVITY	DATE OF EXAM
ANNUAL PHYSICAL	

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

Submission Instructions:

Please upload this form to the Marathon Health Portal by clicking the “Upload Incentive Form” button within the incentive activity you wish to receive credit. Once submitted, your form will show as “Form Under Review” until approved by an incentive administrator.

If you are submitting a form for multiple activities, you must upload the form to EACH individual activity to receive credit.

Deadline:

You must submit this form no later than September 30, 2025.