

**Health First
Health Plans**



HEALTHY LIFESTYLE REBATE CONTRACT

NAME: _____ COMPANY: _____

DATE: _____ GENDER: _____ AGE: _____ HFHP ID # _____

INITIAL CONSULTATION DOCUMENTATION MUST BE SUBMITTED WITHIN 90 DAYS OF EFFECTIVE DATE TO QUALIFY FOR YEAR _____. NO EXCEPTIONS.

I am the primary holder of the Health First Medical Insurance in the year the lifestyle rebate becomes effective.
Patient's Initial: _____

To be completed and signed by Primary Care Physician: Print PCP's Name: _____

Weight _____ BMI _____ Smoker _____ Non-Smoker _____

Comments: _____

Primary Care Physician's Signature Date

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FOLLOW-UP DOCUMENTATION MUST BE SUBMITTED WITHIN 30 DAYS PRIOR TO GROUP'S ANNIVERSARY DATE.

To be completed and signed by Primary Care Physician: Print PCP's Name: _____

Weight _____ BMI _____ Smoker _____ Non-Smoker _____

Comments: _____

Primary Care Physician's Signature Date

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