



DriveTime Benefits email: benefits@drivetime.com fx: 888-505-7130
www.drivetimebenefits.com

Step 3: Annual Physical Form

Dear Employee,

Please complete the line below and take this form to your health care Provider.

Employee/Spouse Name

Employee ID #

Dear Provider,

Your patient is a participant in the DriveTime Employee Wellness Program. Our employees receive a substantial medical premium discount for participating. In order to remain compliant they and their spouse if covered must receive an annual physical.

It is up to the physician to determine what the annual physical will consist of based on what is deemed appropriate for the patient. Listed below are some of the *recommended* screenings:

All Participants

Weight
Blood Pressure
Skin Exam

Women

Breast Exam
Pap Smear

Over 50

Prostate Exam (Men)
Colonoscopy (At least once every 10 years)

Check box to indicate the patient has completed an Annual Physical:

Patient Name

Provider Name

NPI #

Phone

Date

PLEASE FAX COMPLETED FORM TO 888-505-7130. If you have any questions about the requirements of the program, please feel free to contact the DriveTime Benefits Department.

Thank you for your assistance,

DriveTime Benefits Team
email: benefits@drivetime.com



LifeTime
DriveTime Benefits Package