



WELLNESS PROGRAM Physical Exam Form

If you have received a physical exam from your physician within the last 12 months, or if you schedule and receive an exam during the Wellness program, points will be awarded. You must submit a completed Physical Exam Form to earn your points. A letter from your physician will also meet this requirement. No medical data should be forwarded. You are only required to provide proof that an exam occurred, along with the physician's signature. This activity may only be completed once a year.

Please print clearly when completing this form.

FIRST NAME _____ LAST NAME _____

TODAY'S DATE _____ DATE OF PHYSICAL EXAM _____

DIFFERENCE CARD # _____

CONTACT PHONE NUMBER _____

EMPLOYER NAME _____

Please complete - Physician use only

This section is to be completed by the practicing physician only. Do not include any private, medical information, laboratory or physical results.

The patient named below has been seen in my office for their annual physical exam.

Physician's signature

Physician's printed name

Patient name

Physician's stamp

Physician's address

Physician's phone number

Please fax your completed form to (914) 220-0901.

Or mail it to:
The Difference Card
245 Main Street, Suite 605
White Plains, NY 10601

If you have any questions, please call Difference Card Customer Care at (888) 343-2110.