

## Submitting a PCP Form to Catapult Health

### INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/ policyholders)

If you were not able to receive a Catapult Health Preventive Checkup this year, you can have your Primary Care Provider report completion of a PCP checkup to receive credit toward the Office of Group Benefits wellness incentive.

**The completed form must be received by Catapult Health by 5:00 pm CST on September 30, 2024.**

#### 1. How to Submit:

- **Secure email (preferred method)**

- To protect your personal health information, you should only submit your form via secure email service.
- Email [support@catapulthealth.com](mailto:support@catapulthealth.com) to request secure email directions or go to the website address: <https://securecontact.me/support@catapulthealth.com>.
- Catapult Health will send you a link to a secure email you can use to submit your form.

- **Fax to Catapult Health at 210-800-9931 OR 877-885-9904**

- **Mail to Catapult Health**

Catapult Health - PCP Form  
5294 Belt Line Rd, Suite 200  
Dallas, TX 75254

**NOTE:** Catapult Health recommends keeping a copy of the completed form when you submit the original version, along with any proof of the date it was submitted.

#### 2. Confirmation of Receipt and Acceptance

- a. You must provide a legible email address on your form to receive confirmation. Catapult Health will send you an email to **confirm that your form was processed.**
- b. If you provided an email address on your form and you have not received an email within 14 business days after submission, stating Catapult Health has processed your form, please contact Catapult's Customer Care Team, Monday -Friday 8am-5pm CT.

Email [support@VirtualCheckup.com](mailto:support@VirtualCheckup.com)

Text (or call) 855-509-1211

#### 3. Required Fields are designated on the form. **We are unable to process forms missing a required field.**

#### 4. Questions

Contact the Catapult Health Customer Care team at [support@catapulthealth.com](mailto:support@catapulthealth.com).

# Office of Group Benefits

## Primary Care Provider Form 2023-2024



### INSTRUCTIONS for Active Employees and Retirees (OGB Blue Cross subscribers/policyholders)

If you were not able to receive a Catapult Health Preventive Checkup this year, you can have your Primary Care Provider report completion of a PCP checkup to receive credit toward the Office of Group Benefits wellness incentive. All required fields must be completed for credit to be awarded.

**Please note: Sending the completed form is ultimately your responsibility, not your provider's. Completed forms must be received by Catapult Health by 5:00pm CT on Sept 30, 2024.**

### STEP ONE: PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health in order to complete the requirements for my wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third-party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

**PLEASE PRINT CLEARLY | INCOMPLETE FORMS CANNOT BE PROCESSED | \* Indicates Field Required**

PATIENT'S NAME \* \_\_\_\_\_ PATIENTS' SIGNATURE \* \_\_\_\_\_  
First M.I. Last

DATE SIGNED \* \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \* \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \* MALE FEMALE  
Mo / Day / Year Mo / Day / Year (Circle)

ADDRESS \* \_\_\_\_\_ BCBS LA MEMBER ID \* \_\_\_\_\_  
Street or PO Box City State Zip

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_ (INITIALS) I agree to receive text messages regarding the status of my form. I understand that I may text STOP to unsubscribe at any time. Message frequencies may vary, and data rates may apply. For more information, please see Catapult Health's Terms of Use and Notice of Privacy Practices at [www.catapulthealth.com](http://www.catapulthealth.com).

### STEP TWO: PROVIDER INSTRUCTIONS

Office of Group Benefits has partnered with Catapult Health to provide worksite wellness initiatives. Please complete the information below and return this form to your patient or use the directions below to email, fax or mail to Catapult Health.

PROVIDER'S NAME *		PROVIDER'S SIGNATURE *	
DATE OF CHECKUP * (10/01/23 - 09/30/24)		DID PATIENT FAST? * PLEASE CHECK ONE OPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT * FEET INCHES		WEIGHT * LBS.	
ABDOMINAL CIRCUMFERENCE INCHES		BLOOD PRESSURE * /	
TOTAL CHOLESTEROL * MG/DL		HDL CHOLESTEROL * MG/DL	
LDL CHOLESTEROL * MG/DL		TRIGLYCERIDES * MG/DL	
GLUCOSE * MG/DL		A1C %	

### STEP THREE: SUBMISSION INSTRUCTIONS

Completed forms must be sent to Catapult Health for processing using one of the following methods, arriving by 5pm CT on or before September 30, 2024. **We always recommend keeping an original copy in case resubmission is necessary.**

- Secure Email Submission by visiting the website address: <https://securecontact.me/support@catapulthealth.com>
- Encrypted Fax Submission: 210-800-9931 OR 877-885-9904
- Mail: 5294 Belt Line Rd #200, Dallas, TX 75254 Attn: PCP Processing