

2019 Ozaukee County Alternative Appointment Form

Medical Provider

Medical Provider:

Your patient has the opportunity to complete a preventative physical, dental exam, vision exam and/or a flu shot as part of a health plan incentive program. Please confirm that he or she has completed one of these exams, by selectin the exam type, and then signing and dating.

____ PREVENTATIVE PHYSICAL ____ DENTAL EXAM ____ VISION EXAM ____ FLU SHOT

Provider Signature

Medical Facility

Please Print (or Provider Stamp)

Date of Exam

Employee/Spouse

EMPLOYEE/SPOUSE

Please fill in your name and then follow the directions below to submit your form.

Patient Name (Please Print)

Date of Birth

Ozaukee County: Employee ____ Spouse ____

If the patient is a spouse: List Employee Name

HOW TO SUBMIT THIS FORM:

Please submit this form by email to Ellen Jarr (ejarr@co.ozaukee.wi.us) or by dropping it off/mailing to:

Ozaukee County

Attn: Ellen Jar – Human Resources

121 W. Main Street

Port Washington, WI 53074