



2025 Roehl Primary Care Visit Acknowledgement Form

Please read the information below and fill out the form as instructed.

The Roehl Transport Health Plan offers a discount on medical insurance premiums for those completing an annual preventive care visit. This discount can save you \$5.50 per week (up to \$286 per year) if enrolled in Employee Only or Employee Plus Children Coverage or \$11.00 per week (up to \$572 per year) if enrolled in Employee Plus Spouse or Family Coverage (both the employee and spouse must complete the visit in order to receive the full discount).

This form is only necessary if your visit occurs between August 1, 2024 and December 31, 2024 or if you were not enrolled in the Roehl medical plan at the time of your visit. If your visit occurred while enrolled in the Roehl medical plan between January 1- July 31, 2024, we will be notified by Anthem directly of your eligibility for the discount.

Patient Name: _____	
Employee Name: _____	Employee Code: _____
By signing, I acknowledge I received an annual preventive care exam during the 2024 plan year. I understand that I must obtain a physician signature and I must return this form to Human Resources for this physician visit to qualify for any workplace incentives.	
Patient Signature: _____	Date: _____

For Physician Use Only

Physician Name (Print): _____
Physician NPI: _____
Clinic Name/Location: _____
Date of Visit: _____
Physician Signature: _____

Return to Roehl Human Resources

Email: benefits@roehl.net

Fax: (715) 591-1942

Via the My Roehl App
“Scan Paperwork & Photos”
“Dependent Verification”