



PHYSICIAN'S VERIFICATION FORM

Patient/Employee Name: _____

Employee Email: _____

Campus: _____

The Go365 Incentive Program awards Trilogy, Paragon, and PCA employees 20,000 Go365 Bucks into their Go365 Employee Wellness Account. Employees will receive the incentive once they have attended all prenatal appointments, remained nicotine-free and completed Maternity Support Nurseline sessions with UnitedHealthcare.

I, Dr. _____ certify, that _____ (patient name) has completed 100% of the recommended prenatal visits under my care and that she has remained nicotine-free throughout her pregnancy.

Doctor Name: _____

Doctor Address: _____

Doctor Phone Number: _____

Doctor Signature: _____

Date: _____

TO SUBMIT FORM: Attach a copy of completed form with Maternity Support Program Incentive application found on fit.thetriglyfoundation.org. For assistance, contact trilogyfit@trilogyhs.com.

Please allow up to 45 days to complete processing and receive incentive within Go365.