

# PHYSICIAN'S VERIFICATION FORM

Participant Name: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Campus Location: \_\_\_\_\_

The Virgin Pulse Incentive awards Trilogy, Paragon, and PCA eligible participants \$200 Pulse Cash into the employee's Virgin Pulse Primary Account. Participants will receive the incentive once they have attended all prenatal appointments, remained nicotine-free and completed all four (4) Future Moms Maternity sessions with Anthem.

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:** Email a copy of your completed Physician's Verification Form to [trilogyfit@trilogyhs.com](mailto:trilogyfit@trilogyhs.com) after your 6-week post-partum appointment with your provider.

Please allow up to 60 days to complete processing and receive incentive within Virgin Pulse.