

PHYSICIAN VERIFICATION FORM

Participant Name: _____

Participant Email: _____

Campus/Location Name: _____

The Virgin Pulse Incentive awards Trilogy and Synchrony eligible participants 5,000 points into the employee's Virgin Pulse Primary Account. Participants will receive the incentive once they have completed all aspects of the program.

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 Verification Form to 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.