

Empower® Provider Confirmation Form

The Provider Confirmation Form is to be used by members covered by Independent Health's Empower® who were categorized as "moderate risk" or "high risk" for blood pressure, body mass index (BMI) or tobacco use based on the results of their Well-Being Assessment through FitWorks®. Providers should complete this form within three months of the member's plan effective date or renewal date with Empower.

Please Note: There is no charge (no copay or deductible) for this office visit. The Provider will submit billing directly to Independent Health using the code(s) noted below.

Provider Office: You may bill one of the following codes for services rendered: G8539 – form only, or T1023 – form and visit.

SECTION 1 MEMBER INFORMATION <i>(To be completed by member)</i>	
Name (Last, First, Middle Initial):	Date of Birth:
Address:	Member ID:
Employer Name:	Group Number:
Current Medications <i>(including vitamins, over-the-counter, herbal medicines, etc.)</i> – Optional	
I certify that the information I am providing to my provider is complete and accurate. I also agree to a follow-up plan with my provider, if applicable.	
Signed:	Date:

SECTION 2 HEALTH INDICATORS <i>(To be completed by provider)</i>				
Qualifying results may be used from up to six months prior to the member's effective date. Attention provider: Please do not reference the patient's genetic history to ensure compliance with GINA (Genetic Information Nondiscrimination Act of 2008).				
BMI (Body Mass Index) ¹	Weight: _____	Height: _____	BMI = (_____ Weight in Pounds _____) x 703 (Height in inches) X (Height in inches)	BMI: _____
Blood Pressure	/	Referral to Health Coach and/or Disease Management: (716) 635-7822 <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain: _____)		
Tobacco Use				
Treatment Plan				

¹A member who is pregnant can meet the BMI criteria at the provider's discretion. Write "Pregnant" in the BMI box.

SECTION 3 PROVIDER CONFIRMATION	
Provider Name:	Phone Number:
Signed:	Date:

Once your provider has completed this form, please keep it for your records. It does not need to be sent back to Independent Health. Remember to track your activity in FitWorks by clicking "I did this" under the "Provider Confirmation Form" challenge box.

