



**Traditional Coverage  
NEW EMPLOYEE PHYSICAL EXAM FORM**

(Please Print)			
Today's date:		Patient Insurance ID Number:	
<b>PATIENT INFORMATION</b>			
Patient's last name:	First:	Middle:	Birth date:
			/ /
Doctor's Name:		Facility:	Date of Appointment:
<b>LAB INFORMATION</b>			
(Please give your wellcheck lab results to your doctor) ** LAB WORK MUST BE DONE AT WELL CHECK **			
Name of Lab	Date of lab work:	Address of Lab:	Number:
	/ /		( )
Results:			
<i>Lab Official signature</i>		<i>Date</i>	
<b>NOTE:</b> Lab work MUST be done at Well Check. Insurance will cover lab work for traditional annual physical exam in accordance to schedule of benefits.			
<b>MAIL/FAX INFORMATION</b>			
<b>Mail form to:</b>	<b>Attention:</b>	Phone:	Fax:
<b>Allegiance</b>	<b>Marta York</b>	<b>877-778-8600</b>	<b>(406) 721-2252</b>
<b>Treasure State Plaza Bldg * PO Box 3018 * Missoula, MT 59806-3018</b>			
Each new employee will receive a benefit of one physical exam covered at 100% within the first 12 months of employment. The physical exam does not include lab work. The lab work needs to be done through wellcheck and recorded on this form.			