



Primary Care Provider Form May 2024 – March 2025

SUBMISSION DEADLINE 3/31/2025 – www.pcpform.com/NESL

To qualify for Wellness Rewards, you may choose to have your Primary Care Provider complete the screening. All required information requested below must be completed for credit to be awarded. Once your physician completes this form, your results can be submitted, per the instructions below. Please keep a copy for your records. **The form is your responsibility, not your provider’s, and the information must be submitted by March 31, 2025.**

STEP 1: PATIENT AUTHORIZATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Catapult Health to complete requirements for my Company’s wellness incentive. Catapult Health will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third-party entity designated by my current or any future health plan or employer for use in health and disease management programs. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs.

PATIENT’S NAME * _____ **PATIENT’S SIGNATURE *** _____

First M.I. Last

DATE * ____/____/____ **DATE OF BIRTH *** ____/____/____ **GENDER *** MALE FEMALE

Mo / Day / Year Mo / Day / Year (Please circle one option above)

ADDRESS * _____

Street or PO Box City State Zip

PHONE NUMBER _____ **EMAIL** _____@_____

____ (INITIALS) I agree to receive text messages and/or email communication regarding the status of my form. I understand that I may text STOP to unsubscribe at any time from text messages regarding my PCP Form. Message frequencies may vary, and data rates may apply. For more information, please see Catapult Health’s Terms of Use and Notice of Privacy Practices at www.catapulthealth.com

STEP 2: PROVIDER INSTRUCTIONS

NESL has partnered with Catapult Health to provide worksite wellness initiatives. Please complete the information below and enter into the Catapult Health online PCP Form Portal at www.pcpform.com/NESL

PROVIDER’S NAME *		PROVIDER’S SIGNATURE *	
PROVIDER’S NPI NUMBER *			
DATE OF TESTS * (5/1/24 – 3/31/25)		DID PATIENT FAST? * PLEASE CHECK ONE OPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT *	FEET INCHES	WEIGHT *	LBS.
ABDOMINAL CIRCUMFERENCE	INCHES	BLOOD PRESSURE *	/
TOTAL CHOLESTEROL *	MG/DL	HDL CHOLESTEROL *	MG/DL
LDL CHOLESTEROL *	MG/DL	TRIGLYCERIDES *	MG/DL
GLUCOSE *	MG/DL	A1C (OPTIONAL)	%

STEP 3: Form information must be submitted online to Catapult Health at www.pcpform.com/NESL ON OR BEFORE 03/31/2025. Please keep a copy of this form for your records, as well.

Questions? Please CALL or TEXT 855-509-1211 for Catapult Health Patient Support (Monday -Friday 8am-5pm (CT))