

## Outside Provider Incentive Form

### PATIENT SECTION

PATIENT NAME (Please Print Clearly)

PATIENT DATE OF BIRTH



### REQUIRED WELLNESS QUESTIONS: CIRCLE RESPONSE

**Stress:** In the past 6 months, how often have physical or emotional health challenges made it difficult for you to do your usual activities (such as work, self-care, or recreation)?    Frequently    Occasionally    Rarely    Never    Prefer Not to Answer

**Sleep:** In the past 6 months, how often have you had trouble getting enough restful sleep (such as falling asleep, staying asleep, or sleeping too much)?    Frequently    Occasionally    Rarely    Never    Prefer Not to Answer

**Nutrition:** In the past six months, how often did you worry that your food would run out before you had money or resources to get more?    Frequently    Occasionally    Rarely    Never    Prefer Not to Answer

### PROVIDER SECTION

Please complete the section below.

Screening	Results	Screening	Results
Height (in)		High Density Lipoprotein (HDL)	
Weight (lbs)		Triglycerides	
Waist Circumference (in)		Hemoglobin A1c	
Blood Pressure		Tobacco Use in the Last 90 Days	
Low Density Lipoprotein (LDL)		<b>Screening Date</b> <i>(Must occur between 1/1/26 - 5/1/26)</i>	
Total Cholesterol		<b>Provider Signature</b>	

*\* Please contact the Member Relations Team at 866-451-3467 to request exception for pregnancy or other status.*

### PATIENT SUBMISSION INSTRUCTIONS

#### Marathon Health Portal Option

- Log in or create an account at [my.marathon.health](http://my.marathon.health)
- Click "Incentives Tab" on the homepage
- Select the Wellness Screening activity in the incentive goals section and choose the Wellness Screening with an Outside Provider option.
- Click the "Upload Incentive Form" button to upload your completed document
- **Once submitted, your form will be processed within 10 business days**

#### Marathon Health App Option

- Log in to the Marathon Health App
- Click the incentive program under "My Incentives"
- Select the Wellness Screening activity in the incentive goals section and choose the Wellness Screening with an Outside Provider option.
- Click the "Upload Incentive Form" button to upload your document or take a photo
- **Once submitted, your form will be processed within 10 business days**

**If you are unable to upload your form, you can email it to the incentives team at [wellness@marathon.health](mailto:wellness@marathon.health).**

**You must upload your form no later than May 1, 2026.**

#### NOTICE TO PATIENT

It is YOUR responsibility to upload this form through the Marathon Health Portal once it's completed by your provider. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO YOUR EMPLOYER THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED ABOVE. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.