



WELLNESS SERVICES – EMPLOYEE/SPOUSE VOUCHER

Patient Instructions: This is a voucher for you to receive Wellness Services with Kroger Pharmacy or The Little Clinic, inside select Kroger Co. stores. Please visit www.thelittleclinic.com or www.krogerscreenings.com (or call 877-444-9689) for locations, hours of operations, and to schedule an appointment. Appointments are recommended, as walk-ins are subject to wait time. Fasting preferred but not required. Take this voucher, the Physician Screening Form, and your photo ID to a clinic or pharmacy to have your service administered. The charge for the services will be billed to KETTERING HEALTH NETWORK.

Patient Name: ___ Employee ___ Spouse	Issue Date: 05 / 17 / 2021 Expiration Date: 07 / 19 / 2021
Date of Birth:	UMR Member ID #:

This voucher is authorization to provide the customer, above, the approved service/products not in excess of the amounts specified below. This voucher has no cash value to the beneficiary and may only be redeemed for vaccines or Wellness Services. Any balance due in excess of the value of this voucher must be paid by the customer at the time of service. This voucher may NOT be used in combination with any other third-party pharmacy discount program.

Authorized Services/Products:

- BIOMETRIC HEALTH SCREENINGS

Max Dollar Amount That May Be Billed Under This Voucher: \$69

THIS VOUCHER HAS NO CASH VALUE

Patient Signature:	Date:
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Beneficiary/Customer Acknowledgment: My signature above indicates that I received the products/services authorized by this voucher. I certify that I provided proof of any applicable primary insurance. I understand that the entity identified above will be responsible for payment on my behalf. I also understand that a minimum amount of my health information may be disclosed as part of the billing process to the above entity.

BELOW IS FOR KROGER USE ONLY

General Instructions Pharmacy/TLC:

1. Participant must have this voucher, Physician Screening Form, and valid photo ID to be eligible to participate.
2. Please be sure that all points of care including: fasting status, height, weight, BMI, blood pressure, waist circumference, total cholesterol, HDL, LDL, triglycerides, and glucose are performed. Fasting is encouraged but not required. In the event that a participant is NOT fasting, enter the results and designate non-fasting in the results.
3. The promotion period is void after the valid until date above.
4. Complete the Physician Screening form and fax to 937-522-9190.

For Pharmacy Use:

1. Provide the patient with the Patient Take Away before leaving.
2. All data must be entered into PCST. Enter all required data elements.
3. Once the patient is added in the system, attach a copy of the voucher to the health screening paperwork and file.

Clinical Plan Name: KETTERING HEALTH NETWORK
TP Plan Name: B2B 20-21 Vaccinations
TP Code: 4001803
Cardholder ID: DOB (MM/DD/YYYY)
Group: 060R00090 (FOR EMPLOYEE) OR 060N0209 (FOR DEPENDENT/SPOUSE)

For The Little Clinic Use:

1. Terminate any existing insurance information.
2. For insurance and fee schedule select: **KETTERING HEALTH (EMPLOYEE) OR KETTERING HEALTH (SPOUSE)**
3. Enter patient into EMR following normal procedures using **KETTE, 80061, 36416, 99401, 82962**
4. Scan the voucher and Physician Screening form into EMR.

