

# Oklahoma State University Primary Care Provider Form 2025



**CONDITIONAL SUBMISSION DEADLINE December 31, 2025**

**Important Notice: It is your responsibility—not your provider’s—to ensure the completed form is submitted to Catapult Health. Please read the following before completing the form.**

- The premium credit is effective the first of the month following the date the form is processed. Once your completed form is received, processing can take up to 10 business days. Please keep in mind that holidays and office closures may delay processing times.
- To qualify for the premium credit to be effective January 1, 2026, **your form must be processed by December 31, 2025**. It is not sufficient for the form to be merely received by this date. If the form is not processed by this date, the premium credit will not take effect until the first of the month following its processing.

**Questions?** Please email [support@catapulthealth.com](mailto:support@catapulthealth.com) or TEXT or CALL 855-509-1211 for Catapult Health Patient Support.

## 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.

**PLEASE PRINT CLEARLY | INCOMPLETE FORMS CANNOT BE PROCESSED | \* Indicates Field Required**

**PATIENT’S NAME \*** \_\_\_\_\_ **PATIENT’S SIGNATURE \*** \_\_\_\_\_  
First M.I. Last

**DATE \*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DATE OF BIRTH \*** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER \*** MALE FEMALE  
Mo / Day / Year Mo / Day / Year (Circle One)

**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](http://www.catapulthealth.com)

## STEP 2: PROVIDER INSTRUCTIONS

Oklahoma State University has partnered with Catapult Health to provide worksite wellness initiatives. Please complete the information below and return this form to your patient or use the directions below to email, fax or mail to Catapult Health.

<b>PROVIDER’S NAME *</b>		<b>PROVIDER’S SIGNATURE *</b>	
<b>DATE OF TESTS *</b> (01/01/2025 - 11/15/2025)		<b>DID PATIENT FAST? *</b> PLEASE CHECK ONE OPTION	<input type="checkbox"/> YES <input type="checkbox"/> No
<b>HEIGHT *</b>	FEET INCHES	<b>WEIGHT *</b>	LBS.
<b>ABDOMINAL CIRCUMFERENCE</b>	INCHES	<b>BLOOD PRESSURE *</b>	/
<b>TOTAL CHOLESTEROL *</b>	MG/DL	<b>HDL CHOLESTEROL *</b>	MG/DL
<b>LDL CHOLESTEROL *</b>	MG/DL	<b>TRIGLYCERIDES *</b>	MG/DL
<b>GLUCOSE *</b>	MG/DL	<b>A1C (OPTIONAL)</b>	%

**STEP 3: COMPLETED forms should be sent to Catapult Health for processing using one of the following Methods. Forms processed after the deadline will be processed for the 2026 premium credit effective the first of the month following processing by Catapult.**

- Secure Email Submission using the website address: <https://securecontact.me/support@catapulthealth.com>
- Encrypted Fax Submission: 877-885-9904
- Mail: 5294 Belt Line Rd #200, Dallas, TX 75254 Attn: PCP Processing