

EXEMPTION FORM



INSTRUCTIONS

If you were not able to receive a Catapult Health Preventive Checkup this year because you were pregnant or delivered within the last 60 days, you may have your OB/GYN complete the information below. All information requested below must be completed. Once complete, you must mail your completed form to Catapult Health prior to Oklahoma State University's program deadline. This is your responsibility, not your provider's.

PATIENT AUTHORIZATION AND RELEASE

I agree to the release of the information requested below from my Provider to Catapult Health.

COMPANY NAME: _____ LOCATION: _____

PATIENT'S NAME: _____ DATE: _____ DATE OF BIRTH: _____

PATIENT'S SIGNATURE: _____ PHONE NUMBER: _____

PATIENT'S E-MAIL: _____ EMPLOYEE ID: _____

PROVIDER INSTRUCTIONS

Your patient's employer has partnered with Catapult Health to provide worksite wellness initiatives. Individuals who are currently pregnant or have delivered within the last 60 days will not be required to complete lab or biometric testing. Please complete the information below and return this form to your patient.

PATIENT'S DUE DATE/DATE OF DELIVERY: _____

PROVIDER'S NAME: _____ DATE: _____

PROVIDER'S SIGNATURE: _____

This completed form must be mailed to Catapult Health by your OSU's program deadline

VIA MAIL: Catapult Health - PCP Form Dept., 8144 Walnut Hill, Suite 1120, Dallas, TX 75231