

# Oklahoma State University

## EXEMPTION Form 2025



### CONDITIONAL SUBMISSION DEADLINE 12/31/2025

**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.

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

#### STEP 1: PATIENT AUTHORIZATION AND RELEASE

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

PATIENT'S NAME \* \_\_\_\_\_ PATIENT'S SIGNATURE \* \_\_\_\_\_  
First M.I. Last  
DATE SIGNED \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF BIRTH \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo / Day / Year Mo / Day / Year  
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 Exemption 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. Individuals who could not participate in the worksite clinics for medical reasons will not be required to complete lab or biometric testing to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

**By signing below, you acknowledge that you have presented a health maintenance or improvement plan to your patient who is named above or that you have been providing care for them this calendar year.**

\_\_\_\_\_  
Physician's Name (Print) Physician's Signature Today's Date

**STEP 3: COMPLETED forms must be submitted to Catapult Health for processing using one of the following methods. Forms processed after the deadline will be applied and become 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
- Questions? Please email [support@catapulthealth.com](mailto:support@catapulthealth.com) or TEXT or CALL 855-509-1211 for Catapult Patient Support.