

Oklahoma State University

Primary Care Provider Form 2024



SUBMISSION DEADLINE 11/15/2024

Please complete all required information in Step 1, then have your Primary Care Provider complete the information in Step 2. Once completed, you or your PCP must return your completed form to Catapult Health (Step 3). **Once your completed form is received, processing can take up to 10-15 business days. A completed form must be received by the deadline to be eligible for the premium credit in 2024.** Forms received after the deadline will be processed for a 2025 premium credit. The premium credit will be effective the month following receipt and processing of your completed form.

Please note: Sending the completed form is ultimately your responsibility, not your provider's.

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

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.

PROVIDER'S NAME *		PROVIDER'S SIGNATURE *	
DATE OF TESTS * (01/01/2024 - 11/15/2024)		DID PATIENT FAST? * PLEASE CHECK ONE OPTION	<input type="checkbox"/> YES <input type="checkbox"/> No
HEIGHT *	FEET INCHES	WEIGHT *	LBS.
ABDOMINAL CIRCUMFERENCE	INCHES	BLOOD PRESSURE *	/
TOTAL CHOLESTEROL *	MG/DL	HDL CHOLESTEROL *	MG/DL
LDL CHOLESTEROL *	MG/DL	TRIGLYCERIDES *	MG/DL
GLUCOSE *	MG/DL	A1C (OPTIONAL)	%

STEP 3: **COMPLETED forms should be sent to Catapult Health for processing using one of the following methods, arriving ON OR BEFORE 11/15/2024 for the premium credit in 2024.**

- Submit directly: www.pcpform.com/okstate
- 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 or TEXT or CALL 855-509-1211 for Catapult Health Patient Support.