Office of Group Benefits

October 2026 - September 2027 Exemption Form

Instructions for Active Employees and Retirees (OGB Louisiana Blue subscribers / policyholders)

If you are unable to receive an Ochsner Wellness Screening this year because you did not meet the required health standards, are pregnant at the time of the onsite wellness clinics, or are within 60 days postpartum, you may work with your physician to develop a plan to maintain or improve your health. All information requested below must be completed. **Sending the completed form is ultimately your responsibility, not your provider's.**

Completed forms must be received by Ochsner Health by 5 p.m. on Sept. 30, 2027.
Please print clearly. All fields are required. Incomplete or illegible forms cannot be processed.

Step One: 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 Ochsner Health to complete the requirements for my wellne ss incentive. Ochsner Health may disclose this medical information to me, to my health care provider(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.

Patient Name (First, M.I., Last) _____ Gender _____

Date of Birth (mm/dd/yy) _____ Louisiana Blue Member ID _____

Phone Number (504-555-1234) _____ Email Address _____

Mailing Address _____

Patient Signature _____ Date _____

Step Two: Provider Acknowledgement

Your patient's employer has partnered with Ochsner Health to provide worksite wellness initiatives. Individuals who do not meet the required health standards, are currently pregnant or were pregnant within the last 60 days will not be required to complete lab work or biometric testing. Please complete the information below and return this form to your patient. In compliance with HIPAA requirements, the Office of Group Benefits accommodates personal physician recommendations for your patient to maintain or improve their health. We do not need to know if your patient is pregnant, what your patient's limitations are, or what your plan is for your patient.

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

Physician Name (Print) _____ Date _____

Physician Signature _____

Step Three: Submission Instructions

Completed forms must be sent to Ochsner Health for processing using one of the following secure methods. Forms must be submitted before 5 p.m. on Sept. 30, 2026. We recommend keeping a copy in case resubmission is needed.

Mail

Ochsner Corporate Wellness
Attention: PCP Form Processing
400 Labarre Rd., 5th floor
New Orleans, LA 70121

Secure Fax: 504-353-8830

Secure Email

1. Copy and paste this link into your browser be taken to our secure email site: https://eftworkspaces.ochsner.org/messageportal/#/dropoff
2. Enter your email address in From field.
3. Select Corporate Wellness in To field.
4. Enter "OGB Form" in the Subject field.
5. Click Upload and select the form from your files.
6. Click "Drop Files Off" to send.

Questions? Email corporatewellness@ochsner.org or call 866-495-6235.

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