Office of Group Benefits

2026-2027 Ochsner Wellness Screening
Primary Care Provider Form

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

If you were unable to receive an Ochsner Wellness Screening this year, you can have your primary care provider complete the form below to receive credit toward the Office of Group Benefits wellness incentive. **Sending the completed form is your responsibility, not your provider's.**

Completed forms must be received by Ochsner Health by 5 p.m. on Sept. 30, 2027.

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 wellness 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.

Please print clearly. All starred (*) fields are required. Incomplete or illegible forms cannot be processed.

*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 Instructions

Office of Group Benefits has partnered with Ochsner Health to provide worksite wellness initiatives. Complete the information below and return this form to your patient or use the directions below to email, fax or mail to Ochsner Corporate Wellness.

*Patient Fasting?	☐ Yes or ☐ No	*Weight:	
*Height:		*Blood Pressure:	/
*Glucose:		*HDL Cholesterol:	
*Total Cholesterol:		*Triglycerides:	
*LDL Cholesterol		A1C: (As Needed)	
Waist Circumference:		*Date of Service: **(Oct. 1, 2026 – Sep. 30, 2027)**	
*Provider's Name:			
*Provider's 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, 2027. 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 OGB email address in From field.
3. Select Corporate Wellness in To field.
4. Enter "OGB Forms" 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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