



2024 Annual Physical Verification

Instructions: Please complete the top of this form and take it to your physician to complete the bottom part of the form. Please Fax completed form to Bernadette Maus at 248-645-6557 or email to bmaus@tici.com .		Exam Date
<u>MEMBERS need to send Physical Verification to our office.</u> We <u>do not</u> need spouses or dependents physical verification.		
Forms received after October 31, 2024, will automatically default to Standard Plan.		
Patient Last Name (Print)	Patient First Name (Print)	
Patient Signature	<u>Member Name (print) & Last Four Digits of SSN#</u>	
PHYSICIAN INSTUCTIONS: Please complete all the fields below, sign and FAX the completed form to Bernadette Maus at <u>248-645-6557</u> or email to <u>bmaus@tici.com</u> . <i>Forms must be received no later than October 31, 2024.</i>		
Physician Signature: I verify the information supplied is complete and accurate.		
Physician Last Name	Physician First Name	
Physician Signature	Physician Telephone Number	Date

Date

Physician's office please note: The annual physical or health maintenance exam also includes coverage for the services listed below.

Gynecological examination	Testicular examination
Blood pressure measurement	Rectal examination
Skin examination for malignancy	Health counseling regarding potential health risk factors
Breast examination	

➤ **Please note that BCBS will pay for an annual physical once per calendar year.**