



Mail Forms to:
 Steelworkers Health and Welfare Fund
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**VERIFICATION FORM FOR THE 2020 USW-ARCELORMITTAL
 HEALTH AWARENESS INITIATIVE**

- Form to be filled out by your healthcare provider to verify that you or your spouse, if applicable, completed the Wellness Examination from 10/1/2019 – 9/30/2020. Separate forms are required for you and your spouse, if applicable.
- **In order to meet the 2020 Health Awareness Initiative requirement:**
 - (1) It is mandatory that you and your spouse, if applicable, submit a completed verification form, and
 - (2) The completed form must be submitted by 11/15/2020.

Section 1: Completed by Employee, Retiree or Surviving Spouse

Check One: Active Employee Non-Medicare Retiree, Medicare Retiree for Non-Medicare Spouse, or Surviving Spouse

Employee/: _____

Retiree Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

Email: _____ Phone # (____) _____

Insurance Card ID# (Numeric Portion Only)

Home Address: _____
 Street City State Zip

Verification is for: Employee, Retiree or Surviving Spouse Spouse covered through my ArcelorMittal Healthcare Plan

If Verification Form is for your Spouse, complete:

Spouse: _____

Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

Employee/Retiree Signature _____ Date _____

Spouse Signature (only if spouse verification) _____ Date _____

Section 2: Completed by Healthcare Provider*

Date of Service _____

The above named patient was seen in my office on the date of service listed. I completed the examinations check marked below. (Do not provide examination results.)

Check the box if completed on Date of Service

- Height
- Weight
- Blood Pressure
- Discussion of appropriate recommended exams, screenings and procedures

Provider is not liable if patient does not follow recommendations.

Healthcare Provider Name _____ Phone # _____

Healthcare Provider Signature _____

Date Signed _____ If you have an office stamp, please apply here:

*Attention Provider

Work Physicals: A Work Physical does not qualify as a wellness exam.
Preventive Testing: When ordering preventive testing for your patient, please refer to the **Highmark BCBS Preventative Schedule** for covered testing when tests are ordered and coded as preventive/screening. **Tests not included within this schedule will not be covered without a diagnosis code other than "routine", and patient could be responsible for the entire charge.** Tests ordered and coded for diagnostic purposes will be processed under the diagnostic benefit, and medical policy guidelines will be used in determining benefit and payment.