

Activities Verification

SASD Participant Name _____ Participant ID _____

DOCUMENTATION

In order to receive credit for the activities you have completed in the 2016/2017 wellness program, **please complete this form and provide the appropriate corresponding documentation no later than October 31, 2017.**

All submitted points will be updated on the 6th of each month. It is your responsibility to ensure that this form and your documentation have reached our office. Please check the website after the 6th of the following month to ensure your documentation was received by Interra Health® and recorded on the website.

It is recommended that participants submit their documentation via the Secure Documents Center on the Participant Dashboard.

**Other options to submit documentation include:
email to points@interrahealth.com
or mail to Interra Health:
1675 N. Barker Rd., Suite 200
Brookfield, WI 53045**

WELLNESS FOLLOW-UP ACTIVITIES

November 1, 2016 - October 31, 2017

Supporting documentation includes attendance logs, physician letters, etc. Please note your activity below:

Annual Physical	Date Completed: _____	Documentation Included <input type="checkbox"/>
Dental Check-up/Cleaning	Date Completed: _____	Documentation Included <input type="checkbox"/>
Flu Shot	Date Completed: _____	Documentation Included <input type="checkbox"/>
Exercise Log	Date Completed: _____	Documentation Included <input type="checkbox"/>
SASD Sponsored Programs	Date Completed: _____	Documentation Included <input type="checkbox"/>

Reminder: This form does not need to be submitted for services performed at the InHealth Clinic™ or SASD approved wellness activities.

SIGNATURE

I hereby state that to the best of my knowledge, the information provided is true and correct.

Participant Signature: _____ Date: _____



866.814.1016 | F 262.754.0067 | MyInterraHealth.com
Confidential Information. Copyright (c) 2014 Interra Health. All Rights Reserved.