Annual Primary Care Physician (PCP) Visit Verification

Participants who are not enrolled in a Marquette medical plan or those medically enrolled but visiting their PCP during a transition in program year will need to manually verify their primary care physician visit. Please complete the top section of this form and have your doctor complete the bottom portion. When this form is complete, upload in the My Wellness Portal (Marquette.mywellportal.com) under the activity Annual PCP Visit (Non-Medically Enrolled) and change the dial from 'No' to 'Yes' then click 'Save'. The deadline to earn points for this activity is **August 15, 2025**.

| For program participant to complete | - | |
|---|------------------------|-----------------|
| Participant name: | | |
| Date of visit: | | |
| | | |
| For doctor to complete | | |
| l,, confi | rm that I saw | |
| Print doctor name | Pri | nt patient name |
| for a primary care visit on | · | |
| Print date | | |
| l attest that this information is true, accur | ate, and complete. | |
| Physician signature | Physician phone number | Date |

