

City of Indianapolis and Marion County Incentives

2025 Child Well Visit Verification Form

NOTICE TO PATIENT

Please fill out the top portion of this form and take it to your child's medical provider when they complete their well child visit. This activity must occur between **December 1, 2024** and **November 30, 2025** to count towards the 2025 City of Indianapolis and Marion County Incentives. Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO THE CITY OF INDIANAPOLIS AND MARION COUNTY THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this verification form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly)

PATIENT DATE OF BIRTH

EMPLOYEE NAME (Please Print Clearly)

EMPLOYEE DATE OF BIRTH

NOTICE TO PROVIDER

Your patient has an opportunity to complete a well child visit as part of an employer or group health plan's wellness incentive program. Please complete the section below to verify that you have provided services to this patient.

QUALIFYING PROGRAM ACTIVITY	DATE COMPLETED
CHILD WELL VISIT	

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

Patient Submission Instructions:

Please upload this form to the Marathon Health Portal by clicking the "Upload Incentive Form" button within the incentive activity you wish to receive credit. Once submitted, your form will show as "Form Under Review" until approved.

Deadline:

Submit this form no later than **November 30, 2025**.