

# City of Indianapolis and Marion County Incentives

## Child Well Visit Verification Form

December 1, 2025 – November 30, 2026

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 child well visit as a 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 OF EXAM | PROVIDER SIGNATURE |
|-----------------------------|--------------|--------------------|
| CHILD WELL VISIT            |              |                    |

You must upload your form no later than **November 30, 2026**.

### **Marathon Health Portal**

- Log in or create an account at [my.marathon.health](https://my.marathon.health)
- Click "View Program Details" on the homepage
- Select the activity you are submitting a form for
- Click the "Upload Incentive Form" button to upload your completed document
- **Once submitted, your form will be processed within 10 business days**

### **Marathon Health App**

- Log in to the Marathon Health App
- Click the incentive program under "My Incentives"
- Select the activity you are submitting a form for
- Click the "Upload Incentive Form" button to upload your document or take a photo
- **Once submitted, your form will be processed within 10 business days**

### **NOTICE TO EMPLOYEE**

It is YOUR responsibility to upload this form through the Marathon Health Portal once it's completed by your provider. BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO YOUR EMPLOYER THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED ABOVE. 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.