



2025 AFFIDAVIT FOR ANNUAL PHYSICAL EXAM

To earn your insurance deductible credit for 2026, please use this Affidavit to complete your **ANNUAL PHYSICAL EXAM AND BIOMETRIC SCREENING** with your provider between **12/1/2024 - 11/30/2025**. If you cover a spouse or domestic partner (DP) on your Amy's medical plan, they must also complete this Affidavit to earn the full family deductible credit. **Amy's will not credit your deductible under the medical plan in 2026 if your Affidavit is not submitted by 11/30/2025.**

2026 DEDUCTIBLE CREDITS: ANTHEM PLATINUM: \$1,500 for each individual / \$3,000 for the family
ANTHEM GOLD: \$750 for each individual / \$1,500 for the family

The deductible credit amount will be based on the medical plan selection you make for the 2026 plan year (Platinum or Gold) and not the plan you are enrolled in at the time you complete the Affidavit.

THIS SECTION TO BE COMPLETED BY EMPLOYEE OR SPOUSE/DP:

EMPLOYEE OR SPOUSE/DP NAME: _____ EMPLOYEE ID#: _____

DATE OF BIRTH: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____ Check this box to approve TeamCare confirmation texts. (Message & data rates may apply).

PLEASE CIRCLE YOUR LOCATION: PETALUMA REMOTE SANTA ROSA/DUTTON POCATELLO MEDFORD

THIS SECTION TO BE COMPLETED BY YOUR PROVIDER:

By signing this affidavit, I attest that the above-named individual was provided with the following services:

- AGE-APPROPRIATE ANNUAL PHYSICAL EXAM
- AGE-APPROPRIATE BLOOD WORK & BIOMETRIC SCREENING

Date of Examination: _____

Date of Blood Work: _____

- Who received the annual examination & blood work? EMPLOYEE SPOUSE/DP

PROVIDER PRINTED NAME

PROVIDER SIGNATURE

PROVIDER PHONE

PLEASE RETURN YOUR COMPLETED AFFIDVIT TO TEAMCARE NO LATER THAN 11/30/2025:

EMAIL: **AMYS@DELAPRO.COM**

MAIL: **TEAMCARE
PO Box 629
STOCKTON, CA 95201**

Return this completed affidavit directly to TeamCare no later than 11/30/2025 to ensure that your exam is documented. If this affidavit is not completed and returned to TeamCare, you will receive \$0 of your deductible for 2026. That means you would pay your full deductible out of pocket. **THERE WILL BE NO EXCEPTIONS.** We strongly recommend that you retain a copy of this Affidavit for your records.

Confidentiality/Privacy Policy: All information is protected by the HIPAA Privacy Rule and is considered protected health information. All information and results are completely confidential.

For questions or concerns please contact TeamCare at **866-724-0032** or **AMYS@DELAPRO.COM**.

