

# FREMONT COUNTY WELLNESS PROGRAM

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## 2024 DISEASE MANAGEMENT PROGRAM REQUIREMENTS

The Fremont County Wellness Program offers a prescription coverage benefit that covers medications for blood pressure, cholesterol, asthma, and diabetes. Are you or a family member still taking medications for any of these four issues? If the answer is yes, please have your physician sign this form to show that you or your family member have received a medical visit to renew prescriptions covered by the program. Please sign below stating this requirement has been met within the current calendar year. One form is needed for each person who is taking qualified medications.

\*This form is different from the Premium Reduction form that reduces your health insurance premium each month.

Note to Member:

Forms are due by December 31 to avoid removal from the program Jan 31.

**Name of Member or Dependant Covered By the Program:**

\_\_\_\_\_

**Annual Medical Visit to Renew Medications Covered Under The Program**

Date: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print:** \_\_\_\_\_

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