

Wellness Program

You must complete all steps in order for your award to be processed.

Please submit this form to Lithia's Benefits Department and allow 4 weeks for processing.



2018 Preventative Focus Form

Form being filled by: *Please check one.*

Employee Spouse

Section 1: *To be completed by Lithia Medical Plan Member (Employee or Spouse)*

First Name _____ Last Name _____

Employee Number _____ Contact Phone _____

Email _____

Location _____

Section 2: *To be completed by Provider*

Provider Name _____

Provider Telephone _____

Wellness Exam / Counseling Completed or this member is up to date on their preventative exams and screenings based on recommended guidelines

Yes No

Provider Signature _____

Date _____

Section 3: *How to return to your Benefits Department*

Fax: [541] 864-1710

Scan: benefits@lithia.com

Mail: 150 N Bartlett Medford OR, 97501