Office of Group Benefits
Medical Exemption Form 2024-2025

Catapult HEALTH

SUBMISSION DEADLINE 09/30/2025

Instructions for Active Employees and Retirees (OGB Louisiana Blue subscribers/policyholders)

If you were not able to receive a Catapult Health Preventive Checkup this year because you were pregnant at the time of the checkups or delivered within the last 60 days, as an alternative you may work with you physician to develop a plan to maintain or improve your health. All information requested below must be completed. Once complete, you must send your form to Catapult Health prior to the program deadline, September 30, 2025.

Please note: Sending the completed form is ultimately your responsibility, not your provider's.

PLEASE PRINT CLEARLY | INCOMPLETE FORMS CANNOT BE PROCESSED | * *Indicates Field Required*

STEP 1: PATIENT AUTHORIZATION AND RELEASE

I agree to the release of the information requested below from my Provider to Catapult Health.

**PATIENT'S NAME ***_____ **PATIENT'S SIGNATURE ***_____

First M.I. Last

DATE * _____/_____/_____ **DATE OF BIRTH ***_____/_____/_____ **LOUISIANA BLUE MEMBER ID**:_____

Mo / Day / Year Mo / Day / Year

PHONE NUMBER _____-_____-_____ **EMAIL** _____@_____

_____ ***(INITIALS)*** *I agree to receive text messages and/or email communication regarding the status of my form. I understand that I may text STOP to unsubscribe at any time from text messages regarding my Exemption Form. Message frequencies may vary, and data rates may apply. For more information, please see Catapult Health's Terms of Use and Notice of Privacy Practices at www.catapulthealth.com*

STEP 2: PROVIDER INSTRUCTIONS

Your patient's employer has partnered with Catapult Health to provide worksite wellness initiatives. **Individuals who are currently pregnant or were pregnant within the last 60 days will not be required to complete lab or biometric testing.** Please complete the information below and return this form to your patient. In compliance with HIPAA requirements, the Office of Group Benefits accommodates personal physician recommendations for your patient to maintain or improve their health. We do not need to know if your patient is pregnant, what your patient's limitations are, or what your plan is for your patient.

By signing below, you acknowledge that you have presented a health maintenance or improvement plan to your patient who is name above or that you have been providing care for them during their pregnancy.

_____	_____	_____
Physician's Name (Print)	Physician's Signature	Today's Date

STEP 3: **Completed forms must be sent to Catapult Health for processing using one of the following methods, arriving ON OR BEFORE 9/30/2025.**

- Secure Email Submission using the website address: https://securecontact.me/support@catapulthealth.com
- Encrypted Fax Submission: 877-885-9904 (no cover page needed)
- Mail: 5294 Belt Line Rd #200, Dallas, TX 75254 Attn: PCP Processing

Questions? Please email support@catapulthealth.com or TEXT or CALL 855-509-1211 for Catapult Patient Support.

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