

FREMONT COUNTY WELLNESS PROGRAM

2020 DISEASE MANAGEMENT PROGRAM REQUIREMENTS FOR DEPENDENTS

The Fremont County Wellness Program offers a prescription coverage benefit to members that covers medications for blood pressure, cholesterol, asthma, and diabetes. Minor dependents are also included in the program and guardians are asked to submit this form showing the dependent had received a medical visit to renew prescriptions covered by the program. Please sign below stating this requirement has been met within the current year.

Note to Member:

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

Name of Dependent Covered By the Program: _____

Name of Guardian (Covered FC Member): _____

Annual Medical Visit to Renew Medications Covered Under The Program

Date: _____

Physician's Signature: _____ Date: _____

Please Print: _____

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