



MILA Members Initial Standard Physical Examination* Primary Care Physician (PCP) Confirmation

This form is utilized when a participating member has received their initial standard physical by their Primary Care Physician (PCP).

This form only requires confirmation from the PCP that the initial standard physical has been provided and does not require any personal information or results of any screenings.

***We request that results of the initial standard physical are
NOT documented on this form***

Member's Name: First _____ Last _____

Member's Address: _____

Member's Date of Birth: _____

Member's Social Security Number: _____

Primary Care Physician (PCP) Name: _____

Facility Name: _____

Facility Address: _____

DATE ADMINISTERED	PCP SIGNATURE
INITIAL STANDARD PHYSICAL	

Participant, please print and sign below:

Print Name _____

Signature _____ Date _____

Please submit this completed form to:

Mail: LaVerne Thompson, Executive Director
MILA Managed Health Care Trust Fund
111 Broadway, Suite 502 - New York, NY 10006
Fax: 212-766-0844/45 - **Email:** info@milamhctf.com

***Routine physical and services recommended by your Primary
Care Physician based on age, health condition and health history**