



Dear *Healthy You* Provider:

Lafayette County provides each of our employees with paid time off in order to take advantage of the ***“Healthy You”*** program with Blue Cross & Blue Shield of Mississippi. In order for the County to provide such a leave policy to our employees, we will need you to verify their visit today as such. Please do not provide any more information than requested. We only wish to verify that the employee did schedule and meet with a physician for the purpose of a ***“Healthy You”*** visit. The employee should have completed the employee information below prior to their visit. Please sign and place the office stamp in the appropriate area.

Thank you,

Lisa Carwyle  
Lafayette County Administrator  
662-236-2717

Employee’s Name \_\_\_\_\_

Employee’s Signature \_\_\_\_\_

Physician or Clinic’s Name \_\_\_\_\_

Date of Visit \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Place Physician or Clinic’s Stamp here: