Tobacco Counseling Certification

Part I – To be completed by the patient's physician

I hereby certify that on _____ [date] I provided tobacco use counseling to my patient _____ [print name], in accordance with the United States Preventive Services Task Force guidelines*

Physician Signature:	
Physician Name (printed):	
Date:	

*The United States Preventive Services Task Force guidelines recommend that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. (The guidelines do not recommend pharmacotherapy for pregnant women.)

Part II – To be completed by the M&T Bank employee

I hereby certify that I, or my family member named above, received tobacco use counseling on the date indicated. I make this certification to obtain a waiver of the tobacco use surcharge for coverage under the M&T Bank Consumer Driven Health Plan. I understand that if this certification is false, I and my family members may lose Health Plan coverage, and/or I may be required to pay for any medical services received that are related to tobacco use.

Employee Signature:	
Employee Name (printed):	
Employee Number:	
Date:	

Submit completed form through ServiceNow or fax to 1-855-700-0377