TO: All Employees on the Health Plan

FROM: Melissa Marsh, Director of Human Resources

RE: Preventive Care Forms

Each year, millions of Americans choose to skip routine examinations allowing preventable diseases to end hundreds of thousands of lives. Preventive care and having your annual physical completed with your preferred physician can:

- Prevent a major life event from happening
- Result in a full recovery of asymptomatic conditions rather than having those conditions become life threatening

What is Preventive Care?

Preventive care focuses on preventing disease and maintain proper health. Preventive care includes the following exams which are covered at 100%:

- Routine Physicals
- Immunizations
- Cholesterol Screening (LDL, HDL, Triglycerides)
- Body Mass Index (BMI) check
- Blood Pressure Check
- Glucose / A1C Screening
- Pap Smears
- Mammograms (age 35+)
- Colonoscopies (age 50+)

Get your age and gender appropriate preventive care exam(s) completed by December 1, 2015 and you will be eligible to receive the wellness premium effective January 1, 2016. You must have your physician complete the Preventive Care Provider Confirmation on the reverse side of this form and return it to Ashley Martin in HR before December 1, 2015.
Dear Health Care Provider,
I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy. Being up-to-date with my preventive care is one of these goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests, exams and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

HEALTH CARE PROVIDER ACKNOWLEDGEMENT
I hereby acknowledge that the undersigned patient is up-to-date with recommended preventive care included, but not limited to, glucose; BMI; blood lipids; breast, cervical and colon cancer screenings; general health risk status and screenings as age and gender appropriate.

Depending on the specific patient, this acknowledgement may not require an in-person office visit, simply an affirmation that the patient is up-to-date with recommended preventive care. If the patient is not current, then an office visit and preventive services may be needed.

__________________________________________
Health Care Provider (Print Name)

__________________________________________
Health Care Provider Signature

__________________________________________
License Number                                                             Phone Number

Date Signed__________________________________________

______________________________________________      ____________________________________________
Employee Name (Please Print)                                              Employee Signature

NOTICE TO EMPLOYEES: You must return this form to Ashley Martin in HR by December 1, 2015 in order to be eligible for the wellness premium incentive effective January 1, 2016.

Upon obtaining your health care provider’s signature, please sign and return this form to Human Resources for confidential tracking. The validity of this signature may be verified for authenticity. Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination. If you have any questions, please contact Human Resources.