

State of Rhode Island Rewards for Wellness Program



Physician *Cholesterol* Screening Form

Eligible employees* will qualify for the \$100 cholesterol screening credit by having a Total Cholesterol/HDL Ratio reading **equal to or less than 5.0** at a State of RI health fair, or by having their Total Cholesterol/HDL ratio screenings completed by a physician anytime from January 1, 2013 through December 31, 2013 and submitting this form. Employees should obtain the completed forms from their physician's office and submit to UnitedHealthcare as instructed at the bottom of this form.

Please note: If you received a screening at an on-site health fair with a Total Cholesterol/HDL ratio-reading **equal to or less than 5.0**, then you do not need to submit this form to earn your credit.

*All State of RI employees are eligible to participate in Rewards for Wellness activities, but only employees who are paying State employee medical co-shares posted at www.employeebenefits.ri.gov are eligible to receive incentives for co-share credit.

Employee Information (to be completed by employee)

Name (please print): _____

Contact Phone Number: _____

UHC Subscriber/Member ID (on UHC card) OR SSN: _____

Date of Birth: _____

Physician Cholesterol Screening Information (must be completed and signed by a physician)

Date: _____ Total Cholesterol: _____ HDL: _____ Cholesterol/HDL Ratio: _____

I certify that the patient named above has received a total cholesterol/HDL ratio screening along with any necessary counseling/treatment.

Physician's Signature: _____ Date: _____

Name of Physician: _____

Physician address: _____

Physician telephone: _____

In accordance with HIPAA, no personal health information will be shared with the State of Rhode Island.

Mail/fax completed form by December 31, 2013 to:

Linda McCormick
UnitedHealthcare
475 Kilvert Street
Warwick, RI 02886

Fax Number: **401-732-7211**

Please keep a copy of your fax confirmation for proof of submission.

