

# State of Rhode Island Rewards for Wellness Program



## Physician Cholesterol Screening Form

Eligible employees\* will qualify for the \$50 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 September 1, 2015 through January 31, 2016 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](http://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 February 1, 2016 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.**

