



# State of Rhode Island Rewards for Wellness Program

## Physician Blood Pressure Screening Form

Eligible employees\* will qualify for the \$100 blood pressure screening co-share credit by having a blood pressure reading **less than 140/90** at a State of RI health fair, or by having their blood pressure screened by their physician anytime from **September 1, 2016 through January 31, 2017**, and submitting this form. Employees should obtain the completed forms from their physician's office and submit it 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 blood pressure reading **less than 140/90**, you do not need to submit this form to earn your co-share 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 co-share credit incentives.

### 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 Blood Pressure Screening (must be completed and signed by a physician)

Date: \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

I certify that the patient named above has received a blood pressure 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 January 31, 2017 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.**

