

State of Rhode Island Rewards for Wellness Program

Physician Blood Pressure Screening Form



Eligible employees* will qualify for the \$50 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 and consulting with them between July 1, 2017 and December 31, 2017, and submitting this form. Employees should obtain the completed forms from their physician's office and submit it 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 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.employeenefits.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 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 December 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.

