

State of Rhode Island Rewards for Wellness Program



Physician Screening Form

Employees can use this form to complete the following Rewards for Wellness Activities:

- Obtain a Total Cholesterol Screening of **less than 200** to earn a \$50 co-share credit.
- Obtain a non-fasting Glucose Screening of **less than 200** to earn a \$50 co-share credit.
- Obtain a Body Mass Index Screening to earn a \$25 co-share credit AND have a BMI of **less than 30** for an additional \$25 co-share credit.

Eligible employees* will qualify for the co-share credit associated with each of the above activities by having the screenings done and meeting the appropriate targets(if applicable). Employees can have screenings done at a health fair **OR** by their physician between July 1, 2017 and December 31, 2017 **AND** submitting this form. If you **do not reach the target** for a specific screening, you **MUST** complete the corresponding alternative to qualify for the co-share credits. Please find more details on each activity, including details on the alternatives, in the Rewards for Wellness brochure.

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

Date Test(s) Performed _____ Total Chol _____ Glucose (mg/dL) _____

Height (feet) _____ Weight (lbs) _____ BMI _____

I certify that the patient named above has received the screenings listed above.

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.

