Annual Physical and Preventive MD Visit Form

(FOR MEDICARE-COVERED MEMBERS ONLY)

Earn 25 points for your annual physical and 25 points for a preventive MD visit

SECTION 1: TO BE COMPLETED BY YOU (PLEASE PRINT)

First Name (Legal Name, No Nicknames) | M.I. | Birth Date (MMDDYYYY)

Last Name

Address

Email Address | Preferred Phone Number (no spaces)

Disclosure Statement – Please read and sign

I understand my individually identifiable information may be shared with and used by Onlife Health to provide health management services including data aggregation for program improvement purposes. Such information will not be used for any other purpose. I understand that my individually identifiable health information will not be shared with MEABT; however MEABT may be advised of the fact of my participation. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.

Signature: _____ Date: _____ / _____ / _____

Medically covered employees, retirees, spouses, domestic partners and dependents age 18 and older are eligible to earn 25 points for an annual physical and 25 points for a preventive MD visit.

- This form must be completed in its entirety and received by Onlife Health no later than 6/15/2018.
- The annual physical and/or preventive MD visit must have been completed between 6/16/2017-6/15/2018.
- Please allow 6 weeks for processing before the earned points show in your Onlife account.

Submit the completed Annual Physical and Preventive MD Visit Form to Onlife Health by one of these methods.

- Mail: Attn: Print Production, Onlife Health, 9020 Overlook Blvd., Suite 300, Brentwood, TN 37027
- Email: meabtpoints@onlifehealth.com
- Fax: 615.844.2128

If you have questions regarding points or need additional assistance, please contact Onlife's Participant Services at 877.806.9379.

SECTION 2: TO BE COMPLETED BY YOUR PHYSICIAN (PLEASE PRINT)

If you have already had your annual physical and/or a preventive MD visit from the list below, you do not have to schedule an additional visit with your doctor. Simply ask your doctor to complete this form if you have not previously submitted the visit(s) for points. If you will have two different dates of service, please indicate the date of each service.

Examination Date: ____ / ____ / _____ Service(s) provided:

❑ Annual Physical ❑ Colonoscopy ❑ Prostate Cancer Screening
❑ Mammogram ❑ Pap Test

Physician's Signature or stamp: _____

Physician's Name (please print): _____

Physician's Address: _____

Your Privacy is Protected: *MEABT never has access to your annual physical or preventive visits or health assessment input or results. MEABT health and wellness programs are completely confidential and administered through third-party vendors. Vendors will only provide MEABT with aggregate group data that is not identifiable to any individual.*