



A UnitedHealthcare Company



## Medical Provider Health Screening Verification Form

The Archdiocese of New Orleans is offering incentive reward cards for qualifying members on the group medical plan that complete an annual preventive wellness exam (with their medical provider) and agree to complete all recommended age-appropriate screenings. This form is to be used to demonstrate that the annual wellness examination was completed.

### Form Submission Instructions

- This form is not valid unless both sections are legible and filled out.
  - Section A is to be completed by ANO employee/spouse on group medical plan.
  - Section B is to be completed by the medical provider who provides the wellness examination.
- Completed forms must be returned to **UMR Health Coach Tawnya Ridi to receive the reward card (see instructions below)**. Please do not share individual examination information or test results.

### SECTION A: To be completed by ANO insurance participant

Member name (please print): \_\_\_\_\_ UMR Member ID: \_\_\_\_\_

Email: \_\_\_\_\_ Date of screening: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Mailing address: \_\_\_\_\_

By signing, I certify that all information on this form is correct. I agree to have all recommended screenings done as ordered by my healthcare provider at this wellness exam (EX: laboratory testing, mammogram, EKG and/or other age-appropriate screenings). Selected participant files will be audited by a health plan representative for completion. I understand that falsification of information is a violation of company policy, which is subject to disciplinary action.

Member signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION B: To be completed by medical provider

Please verify that you provided an annual preventive wellness exam with age-appropriate screening recommendations for this member.

Medical provider name (**please print**) \_\_\_\_\_

Office contact \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Medical provider signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed forms must be returned to UMR Health Coach Tawnya Ridi by hand or scanned and emailed to [tawnya.ridi@umr.com](mailto:tawnya.ridi@umr.com) by 12/01/22 to be eligible to receive a reward card. Any questions about this program can be directed to Tawnya Ridi, UMR Health Coach, at 612-383-3827.**