Medical Provider Health Screening Verification Form

The Archdiocese of New Orleans is offering MasterCard gift 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. You must be 18-years or older to receive a gift card through this program.

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 Wellness Resource Consultant Tawnya Ridi to receive the gift 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 Tawnya Ridi by scanning and emailing to tawnya.ridi@umr.com by 12/01/23 to be eligible to receive a reward card. Any questions about this program can be directed to Tawnya Ridi at 612-383-3827 or tawnya.ridi@umr.com.