



A UnitedHealthcare Company

Medical Provider Health Screening Verification Form

St Martin Parish School Board is offering incentive drawings 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 completely filled in.
 - Section A is to be completed by SMPSB 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 **St Martin Parish School Board to be entered into drawings (see instructions below)**. Please do not share individual examination information or test results.

SECTION A: To be completed by SMPSB insurance participant

Member name (please print): _____ UMR Member ID: _____

Email: _____ Phone Number: _____

Date of birth: ___/___/___ Campus/Location: _____ Date of screening: ___/___/___

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 St Martin Parish School Board office (attention Amanda Boyer, RN) by 6/15/18 to be entered into reward drawings. Wellness visits completed after 6/1/17 may be entered into the 2017-2018 reward drawings. Any questions about this program can be directed to Amanda Boyer, UMR Nurse Advocate at 225-237-2061. The forms can be returned via interoffice mail or postal mail to:

**St Martin Parish School Board Office
Attention: Amanda Boyer, UMR Nurse Advocate
PO Box 1000
Breaux Bridge, LA 70517**