



Wellness Exam - Male

Employee, Spouse, Child Age 19 and Over, and Retiree under Age 65

Who completes this Exam: ALL Members regardless of age in order to qualify for the ULTIMATE, BEST or BETTER health plan level.

Submit Form To: Your Insurance Coordinator

▼ MEMBER SECTION ▼

Qualifying Events are subject to audit which may result in a plan level change.

Participant Name:	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent <input type="checkbox"/> Retiree	Date of Birth:	Age on 1/1/20:
Email Address:	Phone #:		
Employee's Name:	Employee ID#:		

A "NO" RESPONSE ON 1-4 BELOW WILL RESULT IN BEING PLACED IN THE BASIC OR BETTER PLAN LEVEL!

▼ PHYSICIAN SECTION ▼

The Wellness Exam and screenings listed below requires **NO CO-PAY** by the YourChoice member. For claim accuracy, be sure the correct diagnosis and procedural code is utilized. If a medical problem is identified requiring management, the ICD-10 code should be used as a secondary diagnosis, and a follow up visit with member co-pay is required.

EXAMS & SCREENINGS (According to CDC, ACG, or USPSTF)

Complete according to the age guidelines provided, based on age as of 1/1/20.

The patient has completed the following exams/screenings:

1.	Blueprint for Wellness Labs between 9/1/19 – 6/30/20 (note earlier date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Preventive Physical Exam with Skin Screening between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Testicular Exam between 9/1/19 – 8/31/20	<input type="checkbox"/> Yes <input type="checkbox"/> Not recommended
4.	Colorectal Screening (age 50 or older as of 1/1/20)	<input type="checkbox"/> Yes <input type="checkbox"/> No (leave blank if under age 50 as of 1/1/20). Please indicate which screening was completed: <input type="checkbox"/> Colonoscopy in past 10 years <input type="checkbox"/> Or, Cologuard (FIT-DNA stool test) in past 3 years <input type="checkbox"/> Or, CT Colonography in past 5 years (precertification required)
5.	Patient has Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Results of Cotinine Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
7.	Patient is encouraged to follow up with the supportive onsite health and wellness services offered by Manatee County YourChoice Health Plan to address existing modifiable health risks. <i>Services recommended:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that this patient has completed the screenings as indicated above.

(Required) Physician Name	Signature	Date
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(Optional) Additional Physician Name, if applicable	Signature	Date
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