

Health Screening Exam/BMI Incentive Award

The Diocese of Charlotte offers an incentive award to all employees and spouses enrolled in the UnitedHealthcare medical plan. To participate: **1)** Complete a “Know Your Health Numbers” screening during a physical exam visit between July 1, 2016 and June 30, 2017; **2)** Complete the Voucher and obtain your physician’s signature—include the BMI Score (body mass index) to qualify for an increased award; **3)** Detach and mail the Voucher to the address printed below no later than July 31, 2017. The incentive award is:

- \$25 for submission of a signed Voucher, or
- \$50 for submission of a signed Voucher including the BMI Score

The Diocese of Charlotte encourages you to understand your health risks by having a health screening that measures your **blood pressure, cholesterol profile, glucose, height and weight**. This screening should be performed by your personal in-network physician and at a participating in-network lab. When you make your appointment, **ask for a “physical exam visit and a lipid profile with glucose screening as part of a preventive care exam”**. At that time you can learn how your physician will “code” this visit and what costs you may incur.

The health screenings listed below are included in our “Know Your Health Numbers” screening campaign as a tool to help you understand your personal health risks:

| | |
|--|------------------------------------|
| Height _____ | Cholesterol _____ mg/DL |
| Weight _____ lbs. | HDL Cholesterol _____ mg/DL |
| Body Mass Index _____ | LDL Cholesterol _____ mg/DL |
| Blood Pressure _____ / _____ mmHg | Triglycerides _____ mg/DL |

Ask your physician sign the Voucher below to certify your screening. Detach and mail the signed, completed Voucher by July 31, 2017 to be eligible for this incentive award. **Do not submit any personal health information.**

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Health Screening Exam/BMI Voucher – Detach and Mail

This is to certify that _____ had a physical exam on _____
Print Name of Patient – Employee or Spouse Date of Service

Signature of Health Care Provider

BMI Score Calculated by Health Care Provider

Print Name of Health Care Provider

Provider Phone Number

Provider Address

City State Zip

Print Employee Name

Employee Signature

Employee Address

City State Zip

Please return the bottom portion of this form to: Diocese of Charlotte, c/o BAS, PO Box 896, Bluefield, WV 24701 by 7/31/2017. Awards are paid quarterly through diocesan payroll.