

2019 WebMD Wellness Reward Program Health Screenings Form

Between 01/01/2019 – 10/31/2019, fax this form to WebMD at (317) 810-8725, or upload form via the secure WebMD online service center at: support.webmdhealthservices.com

APPLICATIONS OF THIS FORM:

1. To receive credit for a preventive screening, you or your provider must send this form to WebMD attesting that the screening was completed. Incomplete or illegible forms will not be processed.
 2. Spouses who have completed biometric screening with onsite clinic must complete this form to earn credit
 - Note: Biometric screening measures will not be imported to your WebMD Wellness health record
- **Faxes must be received by October 31, 2019 to earn wellness rewards for this activity.**
 - It can take up to **2 weeks** for forms to process. Visit your Reward Lobby on the WebMD Wellness portal to check whether your form has been processed, or to learn more about reward program requirements.
 - Please do not include any Personal Health Information (PHI) on this form.
 - For questions, call WebMD at (888) 383-8740 (option 1) or visit www.webmdhealth.com/americanairlines

Credit for Preventive Screening Completion with Preventative Care Provider		
Provider Information	Screening Completed	Check One
Provider ID Number (NPI or UPIN):	Annual Physical/Wellness Visit	<input type="checkbox"/>
Phone Number: ()	Mammogram (female)	<input type="checkbox"/>
Print Provider Name:	PSA Test (men)	<input type="checkbox"/>
	Cervical Cancer Screening (female)	<input type="checkbox"/>
Provider Signature:	Skin Cancer Screening	<input type="checkbox"/>
	Lipid Control Rate completed	<input type="checkbox"/>
Date of Screening:	Colon Cancer Screening	<input type="checkbox"/>

SPOUSES ONLY – Credit for Biometric Screening at Onsite Clinic		
Date of Screening:	Onsite Screening Completed	<input type="checkbox"/>

By signing below, I understand that choosing to participate in the WebMD Wellness Reward Program is voluntary. I also authorize and direct WebMD to process my form to ensure I receive reward credit.

Participant Information		
Print Full Name:	Date of Birth: (mm/dd/yyyy):	
Phone Number: ()	Email Address:	
Participant Signature:	Date:	