

Boone County Preventive Care Incentive Form

INSTRUCTIONS

1. Schedule a preventive health screening visit with a **primary care physician (not Urgent Care and not WellAware)**. If you need help finding an In-Network primary care physician or aren't sure what that means, call the Benefits Coordinator at 886-4128 for help.
2. Fill out and sign the Patient Information Section of this form.
3. Bring this form to your screening visit and ask your provider to complete the bottom section.
4. Return the completed form in-person, via email, or through inter-office mail to Jessica Harris, Benefits Coordinator, Boone County Human Resources and Risk Management (JHarris@boonecountymo.org). Jessica will send you a confirmation email when she receives the form. If you do not have a County email address, we will send you a confirmation letter via interoffice mail, which you should keep as proof of completion.

Forms must be returned by October 31, 2021, to receive the \$50.00 incentive, which will be added to December 10, 2021 paychecks.

PATIENT INFORMATION

Employee's Name (Printed): _____

Boone County Government Office/Department: _____

Prior to this appointment, did you have a Primary Care Physician? Yes No

Name of Employee's Primary Care Physician: _____

I authorize the health care provider listed below to release the requested preventive screening information to Boone County Human Resources for purposes of determining my eligibility for the County's Preventive Care Incentive.

Employee's Signature: _____

This Section to be completed by a **HEALTH CARE PROVIDER**:

We are providing an incentive for our employees to select a Primary Care Physician and get their covered ACA preventive care screenings. We are asking for verification of completion of any appropriate preventive care screenings, not the results of those screenings. If given, the screenings listed below are intended to be submitted to insurance as covered preventative care screenings. **Please inform the patient of any testing or treatment that exceeds ACA preventive care services.**

Please provide verification that any of the following screening measures, if applicable, have been completed, sign to attest completion, and return the form to the patient or email the form to Boone County HR at hr@boonecountymo.org. We sincerely appreciate your help in improving health awareness among our employees.

Preventive Care Screenings (examples- Not Mandatory)	Completed (Y/N)	The listed screenings are not mandatory for this employee and we do not want to receive the results of any screening. A box marked N (for No) in the completed column will not disqualify this employee from receiving an incentive.
Blood Pressure Screening		
Cholesterol (HDL, LDL, and Triglycerides) Screening		
Diabetes (Glucose or HbA1c) Screening		
Height, Weight, BMI Screening		
Other Age & Gender Preventive Screenings are up to date		
Vaccinations are up to date		

Provider Name/Clinic	Phone Number
Physician/Nurse/PA (signature)	Date