



## Notice To Medcomp-Covered Retirees

At HealthTrust, we want to make sure you always have full access to all of the terrific components of your medical coverage plan. For that reason, we have created the form on the back of this flyer to ensure that when you qualify for points toward cash rewards in the Points Program of Slice of Life, you receive them.

If you have already been participating in our Slice of Life program, you know that once you have completed your Health Assessment you have many opportunities to earn points simply by making smart health choices. In 2017, you can earn \$50 for each quarter of the year that you accrue 250 points, or up to \$200 per year. In addition, every 250 points you earn each quarter gains you one entry into a quarterly drawing to win one of five \$1,000 gift cards, and 50 \$100 gift certificates for health products available online.

One way to earn points is by following your doctor's recommendations for getting an annual physical exam and preventive screening tests (such as colonoscopy and mammogram). **If you are enrolled in Medcomp coverage at the time you have your annual exam or preventive MD visit, you will need to submit the form on the back of this flyer to Onlife Health to receive points for these services.** Simply bring this form to your appointment and ask your doctor to sign and date it.

Once you have your signed, dated form, there are three ways you can submit it to Onlife Health to receive your points.

- Mail the form to Attention: Print Production, Onlife Health, 9020 Overlook Blvd., Suite 300, Brentwood, TN 37027.
- Scan and email the form to [points@onlifehealth.com](mailto:points@onlifehealth.com).
- Fax the form to Onlife Health at 615.844.2128.

As always, our Enrollee Services Representatives are available to answer your questions and welcome your feedback. Please call them at 800.527.5001, 8:30 a.m. – 4:30 p.m., Monday through Friday, with any questions or concerns.

# Annual Physical and Preventive MD Visit Form

## (FOR MEDICOMP-COVERED RETIREES ONLY)

Earn 100 points for your annual physical and 100 points for a preventive MD visit in **2017**

### SECTION 1: TO BE COMPLETED BY YOU (PLEASE PRINT)

First Name (Legal Name, No Nicknames)	M.I.	Birth Date (MMDDYYYY)
Last Name		
Address		
Email Address (optional)	Preferred Phone Number (no spaces)	

#### Disclosure Statement – Please read and sign

I understand my individually identifiable information may be shared with and used by Onlife Health to provide health management services including data aggregation for program improvement purposes. Such information will not be used for any other purpose. I understand that my individually identifiable health information will not be shared with HealthTrust; however HealthTrust will be advised of the fact of my participation. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Medically covered enrollees, retirees, and spouses are eligible to earn 100 points for an annual physical and 100 points for a preventive MD visit.

- This form must be completed in its entirety and received by Onlife Health no later than December 15, 2017.
- The annual physical and/or preventive MD visit must have been completed in 2017.
- The 2017 Health Assessment must be completed.
- Please allow 6 weeks for processing before the earned points show in your Onlife Health dashboard.

Submit the completed *Annual Physical and Preventive MD Visit Form* to Onlife Health by one of these methods.

- Mail: Attn: Print Production, Onlife Health, 9020 Overlook Blvd., Suite 300, Brentwood, TN 37027
- Email: [points@onlifehealth.com](mailto:points@onlifehealth.com)
- Fax: 615.844.2128

If you have questions regarding points or need assistance, please contact HealthTrust's Enrollee Services at 800.527.5001.

### SECTION 2: TO BE COMPLETED BY YOUR PHYSICIAN (PLEASE PRINT)

If you have already had your annual physical and/or a preventive MD visit from the list below in 2017, you do not have to schedule an additional visit with your doctor. Simply ask your doctor to complete this form if you have not previously submitted the visit(s) for points.

Examination Date or Procedure Date: ____/____/____	Service(s) provided:
	<input type="checkbox"/> Annual Physical <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Prostate Cancer Screening <input type="checkbox"/> Mammogram <input type="checkbox"/> Pap Test <input type="checkbox"/> Bone Density Test

Physician's signature or stamp: \_\_\_\_\_

Physician's name (please print): \_\_\_\_\_

Physician's address: \_\_\_\_\_

**Your Privacy is Protected:** HealthTrust never has access to your annual physical or preventive visits or health assessment input or results. HealthTrust health and wellness programs are completely voluntary, confidential and administered through third-party vendors. Vendors will only provide HealthTrust with aggregate group data that is not identifiable to any individual.