2018 Wellness Rewards

for MVP Medicare Advantage Plan Members

MVP HEALTH CARE

Preventive care is an important part of your health plan, and MVP Health Care® is committed to helping you improve your health and stay well.

With **Wellness Rewards**, you can earn a $75 gift card when you work with your doctor to take steps toward better health!

1 **Schedule** a **Welcome to Medicare** visit or **Annual Wellness** visit to review your overall health, the medications your take, and any preventive screenings you may need.
This is your chance to talk to your doctor about:

- Physical activity that's right for you
- Your risk of falling
- Home safety
- Nutrition
- Hearing loss
- Bladder control issues
- Quitting tobacco

2 **Bring** the screening form on the back of this page to your visit.

3 **Receive all** of these preventive services:

- Welcome to Medicare visit or Annual Wellness visit
- Blood pressure check
- Height, weight, and BMI measurement
- Colorectal cancer screening (received within the Medicare screening recommendation—ask your doctor)
- Flu shot (for the current flu season—ask your doctor

4 **Send** us the completed screening form, signed by your doctor.

5 **Get** your $75 gift card* in the mail from MVP.

For more information about your plan benefits, refer to your Evidence of Coverage (EOC) or visit **mvphealthcare.com**.

Questions?

Call the MVP Medicare Customer Care Center

1-800-665-7924

(TTY: **1-800-662-1220**)

Monday–Friday
8 am–8 pm Eastern Time

October 1–February 14, call seven days a week, 8 am–8 pm

*One $75 reward per member, per calendar year.

MVP Health Plan, Inc. is an HMO-POS/PPO/MSA organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Y0051_3159R1 Accepted (09/2017)

MVPform0119 (Revised 09/2017)

MVP Medicare Advantage Plans

Wellness Rewards Screening

MVP Internal Routing
Forward to Flex Dept., Rochester

Please print. Incomplete or unreadable forms cannot be processed. Write your first and last name exactly as they appear on your MVP Member ID card.

Bring this form with you to your Welcome to Medicare or Annual Wellness visit. Ask your doctor to confirm that you have received the services listed. Send this completed form with your doctor's signature to the address below. Keep a copy of the form for your records.

Section 1: Member Information and Attestation *(to be completed by member)*

Member Name *(first, last)*			MVP Member ID No.
Street Address			Date of Birth
City	State	Zip Code	Phone No.

I certify that the information I provided is complete and accurate. I attest that I have received the services as noted below by my health care provider.

Member Signature　　　　　　　　　　　　　　　　　　　　Date

Do not submit this form without your doctor's signature. Completed forms must be received on or before December 31, 2018. Please allow 4–6 weeks for processing.

Mail completed forms to: ATTN: MEDICARE ADVANTAGE WELLNESS REWARDS, MVP HEALTH CARE, 220 ALEXANDER ST, ROCHESTER NY 14607-4022

Section 2: Services Information and Provider Attestation *(to be completed by provider)*

Please confirm that the MVP member named above has received ***all*** of the following services:

- ☐ Welcome to Medicare visit or Annual Wellness visit
- ☐ Blood pressure check
- ☐ Height, weight, and BMI measurement
- ☐ Colorectal cancer screening (received within the recommended Medicare screening guideline time frame)
- ☐ Flu shot (for the current flu season; or not recommended/contraindicated)

I certify that the information I provided is complete and accurate. I attest that the patient named above has received all of the services indicated.

Health Care Provider Signature *(or office stamp)*　　　　　　　　　　Date

Name *(print)*　　　　　　　　　　Phone No.

Please return this form to your patient.

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