



## Preventive Exam/Screening Affidavit

Qualifying preventive exam/screening details can be found at [www.pima.gov/bewell](http://www.pima.gov/bewell) on the Employee Wellness section, Discount #2 Menu of Programs, Prevention category. **Points:** Points for each qualifying preventive exam/screening range from 25 - 50 points. There is a **cap of 50 points per reporting year** for the Preventive Exams/Screenings category.

*It is your responsibility to keep a copy of this completed form for your records. Any fraudulent representation of this form merits termination of your benefits eligibility and that of your dependents' benefits eligibility rendering invalid all benefits under the plan and requiring repayment of any benefit received pursuant to such misrepresentation or misstatement.*

### EMPLOYEE'S SECTION

I hereby grant permission for my Healthcare Provider to release this form to the Pima County Human Resources Department – Employee Wellness division in order to validate that the selected preventive exam/screening was completed between **March 1, 2021** and **February 28, 2022**. I understand no private health information will be released and verify that the information provided on this form is accurate.

|   |  |
|---|--|
| <b>EIN</b>  |  |
| <b>EMPLOYEE NAME</b>  |  |
| <b>HIRE DATE</b> <i>(for New Hires / Newly Benefits Eligible)</i> |  |
| <b>EMPLOYEE SIGNATURE / DATE</b>                                  |  |

### HEALTHCARE PROVIDER'S SECTION

Select the type of **preventive** exam/screening the patient received and the date the service was completed.

|  |  |
|--|--|
| <input type="checkbox"/> Annual Physical Exam - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Routine Preventive Lab Panel - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Mammography Preventive Exam - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Prostate Preventive Exam - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Colorectal Preventive Exam - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Well Adult/Woman Exam - 50 points<br><b>Date:</b> _____<br><input type="checkbox"/> Skin Cancer Screening - 50 points<br><b>Date:</b> _____ | <input type="checkbox"/> Dental Exam - 25 points<br><b>Date:</b> _____<br><input type="checkbox"/> Dental Cleaning - 25 points<br><b>Date:</b> _____<br><input type="checkbox"/> Vision Exam - 25 points<br><b>Date:</b> _____<br><input type="checkbox"/> Flu Shot - 25 points<br><b>Date:</b> _____<br><input type="checkbox"/> Age Appropriate Routine Immunization - 25 points<br><b>Date:</b> _____ |
|--|--|

|   |  |
|---|--|
| <b>HEALTHCARE PROVIDER NAME</b> <i>(please print)</i> |  |
| <b>HEALTHCARE PROVIDER PHONE / ADDRESS</b>            |  |
| <b>HEALTHCARE PROVIDER SIGNATURE / DATE</b>           |  |

### SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- Email: [wellness@pima.gov](mailto:wellness@pima.gov)
- Fax: (520) 724-8150
- Mail: 150 W. Congress, 4<sup>th</sup> Floor



### FOR PIMA COUNTY EMPLOYEE WELLNESS USE ONLY:

|                      |  |                        |  |                      |  |                     |  |
|----------------------|--|------------------------|--|----------------------|--|---------------------|--|
| <b>Date Received</b> |  | <b>Submission Type</b> | <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> in person <input type="checkbox"/> mail | <b>Date Recorded</b> |  | <b>Completed By</b> |  |
|----------------------|--|------------------------|--|----------------------|--|---------------------|--|