



Preventive Exam/Screening Affidavit

Qualifying preventive exam/screening details can be found at 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, 2020** and **February 28, 2021**. I understand no private health information will be released and verify that the information provided on this form is accurate.

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

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 Date: _____ <input type="checkbox"/> Routine Preventive Lab Panel - 50 points Date: _____ <input type="checkbox"/> Mammography Preventive Exam - 50 points Date: _____ <input type="checkbox"/> Prostate Preventive Exam - 50 points Date: _____ <input type="checkbox"/> Colorectal Preventive Exam - 50 points Date: _____ <input type="checkbox"/> Well Adult/Woman Exam - 50 points Date: _____	<input type="checkbox"/> Skin Cancer Screening - 50 points Date: _____ <input type="checkbox"/> Dental Exam - 25 points Date: _____ <input type="checkbox"/> Dental Cleaning - 25 points Date: _____ <input type="checkbox"/> Vision Exam - 25 points Date: _____ <input type="checkbox"/> Flu Shot - 25 points Date: _____ <input type="checkbox"/> Age Appropriate Routine Immunization - 25 points Date: _____
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HEALTHCARE PROVIDER NAME <i>(please print)</i>	
HEALTHCARE PROVIDER PHONE	
OFFICE LOCATION	
HEALTHCARE PROVIDER SIGNATURE / DATE	

SUBMIT TO PIMA COUNTY EMPLOYEE WELLNESS

- Email: wellness@pima.gov
- Fax: (520) 724-8150
- Mail: 150 W. Congress, 4th Floor



FOR PIMA COUNTY EMPLOYEE WELLNESS USE ONLY:

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