



UID _____

2019 Preventive Care Incentive Program Payment Form For (Pace University) Medical Plan Participants

Please complete/sign the authorization below:

Employee Name: _____

Patient Name (if different): _____

Please include the date that the preventive screening was performed:

Preventive Screening	Date Performed	Preventive Screening	Date Performed
Physical Exam (All Ages)		Diabetes Screening (Age 35+)	
Mammogram (Age 35+)		Thyroid Screening (Age 50+)	
Gynecological Exam (Age 35+)		Osteoporosis Screening (Age 65+)	
Skin Cancer Screening (Age 35+)		Hearing Screening (Age 65+)	
Testicular Cancer Screening (Age 35+)		Pneumococcal (Age 65+)	
Prostate Screening (Age 35+)		Ultrasound Aortic/Abdominal (Age 65+)	
Colorectal Screening (Age 35+)		Aneurysm Screening (Age 65+)	
Annual Dental Cleaning (Age 35+)		Annual Vision Exam (Age 35+)	

I attest that the information that I have provided on this form is true and accurate.

Signature of Employee: _____ Date: _____

Preventive Care examinations must be completed by December 31, 2019.

To receive reimbursement:

1. Complete and sign this form.
2. Attach only the first page of each corresponding Explanation of Benefits (EOB) document or, for Vision exam only, documentation from provider indicating that the visit was for an annual exam.
3. Submit to University Benefits office at PCare@pace.edu, which will create a Help Desk ticket, by **February 28, 2020**.

Reimbursement, via paycheck, will be made on March 31, 2020. You must be actively employed at Pace University, full-time, on March 31, 2020 to be eligible for this payment. Per IRS guidelines, this payment is taxable.