

Health Action Notification Form



Form required:

- Biometric screening performed in your clinic
- Preventive cancer screenings that Medica does not have a record of (i.e., if you are a new member to Medica or an existing member with a Colorectal Cancer Screening completed more than two years ago)
- Exemption from a health action (physician signature required)

Instructions:

- Complete applicable sections below
- Attach documentation (i.e., itemized bill from physician, explanation of benefits, letter from physician)
- Attach biometric (lab) results from your physician or provider
- Make copies of all correspondence
- Send all documentation to the address or fax number below

Member Information			
Member's Last Name	First Name	Middle Initial	Date of Birth
Member ID Number (on Medica ID card)		Member Group/Policy ID (on Medica ID card)	
Address – Number and Street		City	State Zip Code
Signature		Date	

Provider Statement (Physician/Medical Professional) Needed, if seeking exemption.			
Provider's Name (please print)			
Office Address – Number and Street		City	State Zip Code
Signature		Date	

Health Actions	I completed this health action	Date of Service	I am seeking an exemption from completing this health action	Biometric Screening Values Lab results from provider are required
Breast Cancer Screening - Mammogram	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	Total Cholesterol _____
Cervical Cancer Screening - Pap Test	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	Glucose _____
Colorectal Cancer Screening	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	HDL _____ LDL _____
Biometric Screening (You must complete the table on right & include a copy of your lab results to receive credit)	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	Triglycerides _____
				Blood Pressure _____ / _____
				Height (ft.) _____ (in.) _____
				Weight (lbs.) _____

Send this form & supporting documentation:

By mail:

My Health Rewards by Medica
401 Carlson Parkway, CP217
Minnetonka, MN 55305

Or by secure fax:

952-992-3595
Attn: My Health Rewards

Please allow 15 business days for your scorecard to update.