

AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN 2017 WELLNESS PROGRAM HEALTH ACTIONS FORM

Upon Completion, Submit this form to:

Fax: 732-465-7328

Mailing address:

Affiliated Physicians & Employers Health Plan

30 Knightsbridge Road

Piscataway, NJ 08854

Attn: Operations Coordinator

Requirement*

Only complete for those actions where you meet the criteria.

Physician/Facility Signature

Date Completed

- Biometric Screenings

- Blood Pressure

- Body Mass Index (BMI) Screening

- Cholesterol & Glucose Screening

- Health Actions

- Preventive Office Visit (Annual Physical Exam)

- Colorectal Screening¹

- Mammography Screening²

- Health Assessment Questionnaire

Signature Not Required

Member ID#: _____

* Reimbursement is not paid per activity. Member must complete all requirements that meet their age criteria or have their physician indicate reason for non-compliance to be eligible for reimbursement. All information provided on this form may be verified by the Plan through claims data or by calling your physician's office.

¹ All individuals over age 50 should have colorectal screening performed once every 5 years. If you have previously met this requirement or your physician opts you out, you can have your physician sign the form indicating the reason.

² All women age 40 and older should have a mammography screening performed once per year

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Affiliated Physicians &
Employers Health Plan

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