

# 2016-2017

# Physical Exam Reward

The Annual Physical Reward program pays you and your eligible dependents for getting an annual physical exam from a primary care physician. Annual physical exams carry a \$0 co-payment so this is truly a reward!

### Read the Guidelines:

- Enrollees and dependents are eligible annually for the reward. The enrollee must be/have been an active NY44 Trust participant at the time of the physical.
- Single plan participants can earn \$100.
- Family plan participants, up to two eligible family members per plan year, can earn \$200 (\$100 each).
- Examples are Adult Annual Physical Exam or Child's Annual Well/Physical Exam.
- OB/GYN annual visits are **NOT** eligible.
- Exam must be completed between July 1, 2016 - June 30, 2017 to be eligible.
- **SUPERBILLS AND AFTER VISIT SUMMARIES ARE NOT ACCEPTED DOCUMENTATION.**
- Claim will be denied unless all of the required documentation is included.

## Required Documentation

This form

Physician script or medical facility letterhead that documents:

1. Patient's name
2. Date of annual physical or well child exam (between July 1, 2016- June 30, 2017)
3. Language indicating the visit was for wellness, child's preventive exam, adult preventive, annual physical exam, etc. **OB/GYN annual visits are not eligible.**
4. Name of Physician

**PLEASE NOTE: The results of the exam SHOULD NOT be reported to the Trust**

**Please submit one form per person. Submission Deadline: This form and proper physician documentation dated between July 1, 2016 and June 30, 2017 must be submitted by July 15, 2017. No Exceptions.** Please allow 6 to 8 weeks to receive your reward payment. Payment is made directly to the primary enrollee (no third party payments).

Please Complete the Information Below:

Check one:  Single Health Coverage  Family Health Coverage

Employer (School District/ School Name): \_\_\_\_\_

Primary Enrollee Last Name: \_\_\_\_\_ Primary Enrollee First Name: \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Enrollee Email: \_\_\_\_\_

**Mail /Fax Form and Documentation: Emailed or Hand delivered submissions will not be accepted.**

Wellness Annual Physical Reward Payment

Attn: Jeni Kapalczynski

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**Guidelines/Forms online at [www.ny44.e1b.org](http://www.ny44.e1b.org). Questions, 716-821-7161**

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