



Dear Member,

**We have \$25 waiting just for you!** When you complete the Preventative Services Form on page 2, we will reward you with a \$25 gift card.

Preventative services help you stay healthy and can catch some conditions early enough for treatment and keep current conditions from getting worse. Start getting healthy and earn your rewards today. It's easy as 1-2-3!

- 1 → Have your doctor/provider sign the boxes on page 2 for the services received at the time of the visit.
- 2 → Once all of the services on the form have been signed, select your \$25 gift card choice.
- 3 → Mail or fax the completed form by December 31, 2017. Your gift card will be mailed to you; please allow 8 to 12 weeks for processing.

If you have any questions about this incentive program, please call our Customer Care Center at (877) 874-3930, TTY users should call 711, 8 a.m. to 8 p.m., 7 days a week.

Thank you.

Quality Management Department  
University Care Advantage (HMO SNP)

### FREQUENTLY ASKED QUESTIONS – Q & A

**Q. Can I get a partial gift card for doing some of the preventative services?**

A. No, to qualify for the \$25 you must complete all applicable services

**Q. What if I forgot my form when I went to my appointment?**

A. You or your provider's office can download a new form from our website at [www.universitycareadvantage.com](http://www.universitycareadvantage.com).

**Q. What if I lose my gift card or it is stolen?**

A. Lost or stolen gift cards will not be replaced.

University Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid program. Enrollment in University Care Advantage depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care Center at (877) 874-3930, TTY users should call 711, 8 a.m. to 8 p.m., 7 days a week.

Esta información está disponible gratis en otros idiomas. Favor de llamar a nuestro Centro de Atención al Cliente al (877) 874-3930, usuarios de TTY deben llamar al 711, de 8 a.m. a 8 p.m., 7 días de la semana.

University Care Advantage (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-874-3930 (TTY: 711).

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-874-3930 (TTY: 711)。



# Preventative Services Form

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Member DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Providers:** Please complete the following preventative services received by the member. If service(s) cannot be medically performed, please see below.

**FLU SHOT**

(Annual flu shot)

Valid: Must be completed between August 1, 2016 and December 31, 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**BREAST CANCER SCREENING**

(Mammogram)

Valid: Completed in 2016 or 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**COLORECTAL CANCER SCREENING**

(Colonoscopy, sigmoidoscopy or an FOBT/FIT)

Valid: A colonoscopy done 2008 or later, a sigmoidoscopy done 2013 or later, OR, an FOBT/FIT done in 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**MEDICATION REVIEW**

(Medication review, including prescription and non-prescription drugs, vitamins and other supplements)

Valid: Must be completed by December 31, 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**FUNCTIONAL STATUS ASSESSMENT**

(An assessment of activities of daily living)

Valid: Must be completed by December 31, 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**PAIN SCREENING**

(Pain screening and a management plan for any pain)

Valid: Must be completed by December 31, 2017.

Date of Service: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**Service(s) medically contraindicated:** \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

**For Member:**

**Choose your \$25 Gift Card:** Please make only one selection.\*

- Subway     JC Penney

\*If you do not make a selection, we will send you a JC Penney gift card.

**Mail or Fax Form:** When all services have been completed, please mail or fax this form.

**By Mail:**

University Care Advantage  
Attn: Wendy Gjeltema  
2701 E. Elvira Road  
Tucson, AZ 85756

**By Fax:**

(520) 874-3470