

2016 Benefit Options
Health Impact Program (HIP) Points Form
Preventive Services Form



Current HIP participants receiving Preventive services by their healthcare provider in **September – October** are required to complete and submit this form by October 31, 2016 to ensure that your HIP points are applied for this year.

*Preventive services include:

- Well Woman Annual Visit OR Well Man Annual Visit
- Mammography Screen
- Osteoporosis Screen
- Prostate Cancer Screen
- Influenza vaccination
- Colonoscopy
- Skin Cancer Screen
- Hemoglobin A1c
- Dental Cleaning
- Vision Exam

PARTICIPANT INFORMATION		
Last Name	First	MI
Employee EIN	Agency	
Phone number	E-mail	

Once you have your appointment with your provider, please email a copy of proof of your appointment to wellness@azdoa.gov.

SERVICE(S) PROVIDED	PROVIDER			DATE OF SERVICE
	Name	Address	Phone number	

*Please only submit preventive services received during **September and/or October, 2016**.

Participant Signature: _____ Date: _____

Please e-mail form to **wellness@azdoa.gov**.

For questions, contact Wellness at 602-771-9355.

WELLNESS USE ONLY	
Date Received:	HIP Points: