

Public Education Employees'
Health Insurance Program
**Screening Form /
HEALTHCARE PROVIDER**



**GET SCREENED
FOR YOUR TEAM!**

ADPH Wellness Program
201 Monroe Street, Suite 986
Montgomery, AL 36104
Phone: 1-800-252-1818
Fax: 1-334-206-0385
1-334-206-0394

SECTION 1:
(To Be Completed by Active or Retired Employee or Spouse)

PRINT CLEARLY WITH
A BLACK INK PEN.

DARKEN BOXES COMPLETELY.
☐ << Not This ☒ << This ☒ X << Not This

Contract Number: EDU010408789 SSN: (of person being screened) 385 - 78 - 9037 Male ☐ Female ☒ Contract Holder ☐ Spouse ☒

Screen Date: 8-30-2016 Birth Date: 11-9-1971 Daytime Phone Number: - -

Last Name: Tyre First Name: Yolanda

Screening not performed due to: Pregnancy ☐ Disability ☐

What best describes your race/ethnicity?

White ☐ Asian ☐
 Hispanic / Latino ☐ Other ☐
Black / African American ☒ Native American / Alaska Native ☐
 Native Hawaiian / Pacific Islander ☐

Do you have (or have you been told you had) any of the following?

High Cholesterol ☐ High Blood Pressure ☐ Diabetes ☐

Do you take any medication for any of the following?

High Cholesterol ☐ High Blood Pressure ☐ Diabetes ☐

SECTION 2: (To Be Completed by Provider)

Blood Pressure: 126 / 85

Total Cholesterol: 207 mg/dl

HDL Cholesterol: 80 mg/dl

LDL Cholesterol: 108 mg/dl

Triglycerides 97 mg/dl

Blood Glucose: 85 mg/dl

Height: 5 ft 8 in

Weight: 161.1 lbs

Waist: . in

Waist-To-Height Ratio BMI: 24.49

Has the patient used a tobacco product or electronic smoking device in the last 12 months? Yes ☐ No ☒

CLAIMS FILING INSTRUCTIONS FOR COPAYMENT WAIVER: Only one routine office visit is covered per calendar year under the PEEHIP BC/BS Groups #14000 benefits. Subsequent claims for routine office visits in the same calendar year will be rejected. No copayment is required for one annual preventive routine office visit obtained through an in-network provider (not applicable if a diagnosis associated with the visit). File the claim for the member's office visit with BC/BS for PEEHIP Group #14000. Use the appropriate CPT code for the office visit in order to be reimbursed at 100% of the allowable fee. The patient will be responsible for any other applicable copays, such as lab tests. The copay waiver is not allowed at Urgent Care Centers or Emergency Rooms.

Carol Stewart, CRNP

Healthcare Provider Name (Please Print)

Carol Stewart, CRNP

Healthcare Provider Signature

nurse Practitioner

Healthcare Provider Type (Please Print)

Aum 334-244-3281

Healthcare Provider Address & Phone Number (Please Print)

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023



► Please FAX or mail to the
ADPH Wellness Program.