



Dear Member:

We have \$25 waiting just for you! When you complete your Medicare Annual Wellness Visit or Comprehensive Health Assessment (CHA) between January 1 and December 31, 2020, we will reward you with a \$25 gift card to Subway or JCPenney. A yearly physical exam helps you and your doctor work out a care plan to help you stay healthy.

Preventative services help you stay healthy. They 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 as easy as 1-2-3!

1. Have your doctor/provider fill out and sign the form on page 2 at the time of the visit.
2. Once the form has been signed, select your \$25 gift card to Subway or JCPenney.
3. Your doctor/provider must mail or fax the completed form by December 31, 2020. Your gift card will be mailed to you; please allow 8 to 12 weeks for processing.

Please return the preventative services form on page 3.

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

Thank you,

Quality Management Department
Banner – University Care Advantage

FREQUENTLY ASKED QUESTIONS – Q & A

Q. What if I forget to choose which gift card I want?

A. If you do not choose a gift card, we will send you a JCPenney gift card.

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.BannerUCA.com.

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

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

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

Medicare Annual Wellness Visit / Comprehensive Health Assessment Form

Member Name:

Member ID Number:

Member DOB:

___/___/___

For Providers: Please complete the following information at the time of the member's Medicare Annual Wellness Visit / Comprehensive Health Assessment.

MEDICARE ANNUAL WELLNESS VISIT / COMPREHENSIVE HEALTH ASSESSMENT

Valid: Completed in 2020

Date of Service:

Doctor Name:

Doctor Signature:

For Member:

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

Subway JCPenney

*If you do not make a selection, we will send you a JCPenney gift card.

Mail or Fax Form: When the service has been completed, please have your doctor/provider mail or fax this form.

By Mail:

Banner – University Care Advantage
Attn: Quality Management Dept.
2701 E. Elvira Road
Tucson, AZ 85756

By Fax: (520) 874-3470

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Thank you

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