2016 Benefit Options

Health Impact Program (HIP) Points Form
Preventive Services Form

Arizona Department of Administration
Benefit Options
Benefit Services Division

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 Exam
- 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: