



PREVENTATIVE CARE VISIT FORM 2023-2024

To receive Lifestyle Rewards for preventative care visits you must complete this form or provide other documentation proving participation (i.e., insurance explanation of benefits). Documentation must include your name and the date of participation.

SELECT TYPE OF VISIT (ONE VISIT PER FORM)

- | | |
|--|--|
| <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Skin Cancer Screening |
| <input type="checkbox"/> Eye Exam | <input type="checkbox"/> Heart Screening |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Flu Shot | <input type="checkbox"/> Other: _____ |

Provider Name & Signature

Date

Phone Number

Participant Name & Signature

Date

Note: This form, or other proof, must be completed and uploaded to your myHealthCheck360 account in order to earn credit. One form for each visit completed.

HOW TO UPLOAD THIS DOCUMENT AND TRACK ON YOUR MYHEALTHCHECK360 ACCOUNT

Once you are logged into your account, you can begin tracking the completion of your activities. To track your activities:

ON YOUR MOBILE APP

- Select **More** at the bottom of your screen
- Select **Lifestyle Rewards**
 - Select **+ Add**
 - Select your activity from the drop down menu
 - Type a brief activity description, enter a date, and upload your document if required
- Select **+ Add** to submit your reward



ON YOUR COMPUTER

- Select **Lifestyle Rewards** on the left hand menu
 - Select **Submit Activity**
 - Select your activity from the drop down menu
 - Type a brief activity description, enter a date, and upload your document if required
- Click **Submit**