

WELLNESS INNOVATION PREVENTATIVE SCREENING FORM

Employee

1. Bring this form to the office where you had the preventative screening service performed.
2. Fill in all the information below before submitting to the office to verify that screening was completed.

Last Name _____ First Name _____

Work e-mail _____ Work Phone _____ ID Number _____

3. Once the form has been signed and verified by office staff, please follow the process below to submit for your Wellness innovation Reward.

Process to claim an award

- Fill out the Wellness Innovation Reward Request Form
- Scan a copy of both the completed Request Form and this form and e-mail to flocastro1@wphospital.org or fax to (914) 681-2910

Please Note: All rewards will be deposited as a “Wellness” credit in your paycheck. All payroll credited Wellness Innovation Rewards are considered taxable income and will be reported on your 2019 White Plains Hospital W-2.

Medical Office Staff

1. Please use the chart below to verify that the screening service was performed at your office
 - a. Check off the screening service that was performed
 - b. Please list date that the service was performed
 - c. Please sign to the right to verify that the service was completed at your office
2. Once the information below has been filled out, please return this form to employee.

Please check preventative screening service that you are verifying as being completed		
Screening Service	Date of Service	Office Staff Verification Signature
<input type="checkbox"/> Mammography Screening		
<input type="checkbox"/> PSA Screening		
<input type="checkbox"/> Colorectal Screening		
<input type="checkbox"/> Lung Screening		
<input type="checkbox"/> Pap Test Screening		

Thank you for your help completing this form and helping WPH employees to “Be Their Best Self.”

If you have any questions, please contact Frank J. LoCastro at flocastro1@wphospital.org or call (914) 681-2539.

