Disney Benefits by your side

DISNEY PREVENTIVE EXAM FORM

Wellness Rewards Program

Use this form to report the completion of a preventive activity or cancer screening. If you are enrolled in a Cigna or Allegiance medical plan option, your preventive care claims will automatically qualify you for your preventive wellness reward. Any participants may use this form to report biometric numbers. After filling in the information below, to get credit for your activity, you may send this form to:

Mail: Cigna Customer Service, PO Box 5201–5201, Scranton, PA 18505.

Online: Upload your form at myCigna.com

Fax: Enter "Confidential" on the Fax Cover Sheet and fax this form to **888.467.7281**.

Note: In order to receive credit for your activity, you must complete all demographic information, and select the applicable preventive exam. Before you see your health care provider and obtain a signature as verification of completion, you must check the preventive care activity you plan to complete.

Please print

First name:	Last name:	M.I.:

Work phone:	Account number:	Date of birth (MM/DD/YY):	Social Security number (last 4)	Gender: ☐ Male ☐ Female ☐ Prefer Not to Dislcose ☐ Non-Binary
	3207160	/ /	☐☐☐☐	

Preventive care: (check one)

☐ Physical exam ☐ Mammogram ☐ Cervical cancer screening ☐ Prostate cancer screening ☐ Colon Cancer Screening ☐ OB/GYN ☐ Skin Cancer Screening

Screening Information (biometrics preferred, but not required)

Date ☐☐ / ☐☐ / ☐☐☐☐ (MM / DD / YYYY)

BMI ☐☐ ☐ OR Height/weight *(required)* Feet ☐☐ Inches ☐☐ Pounds ☐☐☐

Fasting blood sugar mg/dl ☐☐☐

Waist circumference Inches ☐☐

A1C ☐☐ . ☐ %

Blood pressure Systolic ☐☐☐ Diastolic ☐☐☐

Triglycerides mg/dl ☐☐☐

Total cholesterol mg/dl ☐☐☐

LDL cholesterol mg/dl ☐☐☐

HDL cholesterol mg/dl ☐☐☐

Doctor or Health Care Provider verification

Doctor/Health Care Provider's note: To get credit for the preventive care activity, individuals must complete one of the preventive care requirements noted above.

Your signature and date below is confirmation that the preventive care service noted above has been completed.

Date signed	Doctor/Health Care Provider signature	Date service completed (MM/DD/YY)

Good for you! Good health starts with preventive care.

Together, all the way.®

Cigna®