

Sycamore Township, Group 10533
WellLiving Screening Confirmation Form

Patient Name: _____ DOB: _____

Physician Name: _____ Office Phone: _____

I certify the following screenings were performed on the dates listed:

<u>Last Date</u>	<u>Screening</u>
___/___/___	<u>Males & Females age 18 & Older, Every Year- Annual Wellness Exam</u>
___/___/___	<u>Males & Females age 21 & Over, Every Year – Cholesterol Screening</u>
___/___/___	<u>Males & Females age 45 & Over, Every 10 Years – Colonoscopy</u>
___/___/___	<u>Females age 40 & Over, Every 2 Years – Mammography</u>
___/___/___	<u>Females age 21-29 Every 3 Years – Pap smear & Pelvic exam</u>
___/___/___	<u>Females age 30+ Every 5 Years – Pap smear & Pelvic exam</u>

Signature of Physician

Date

Please send completed form to:

admin@medben.com or

MedBen Fax #: (740) 522-7483

Attn: Admin

For questions regarding WellLiving Compliance, please contact MedBen Customer Service at 800-686-8425 or medben@medben.com.