



## Health Screening Reimbursement Form

Marc Center will reimburse you up to \$30 for the co-pay to complete a health screening at your health care provider's office. Screenings must be completed prior to November 01, 2010.

Employee Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

The following tests have been completed and the results released to the patient.

Cholesterol  
Blood Pressure  
Glucose  
Body Mass Index/Body Fat

Co-Payment Amount: \$ \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have received the test results stated above, entered the information into [www.myuhc.com](http://www.myuhc.com) and completed the online assessment on the website.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Note Marc Center cannot see personal results provided by the employee on myuhc.*

***Once Completed Please Return to HR for Reimbursement  
Before November 15, 2010***