

HEALTH ACTION CREDIT FORM

Please submit this form if you are requesting Health Action Credit for your wellness exam or required biometric screening.



Member Information (to be completed by member)

Member Identification Number (on your member ID card)		Group Identification Number (on your member ID card)	
Member Last Name	Member First Name	Middle Initial	Date of Birth
Address – Number and Street		City	State Zip Code
Phone	Email		
Member Signature (required for processing) By signing below, I give my healthcare provider permission to mail or fax this form to the address or fax number listed below.			
Member Signature _____		Date _____	

ENTIRE BOTTOM SECTION TO BE COMPLETED BY PROVIDER ONLY

Provider Name – Printed	Date	Provider Signature	Date
Address – Number and Street		City	State Zip Code
Phone	Email		

How to Complete This Form

Please provide results and service date(s) for the most recent blood tests — or preventive health exam if not submitting lab results.

Preventive/
Wellness Exam
conducted on:

/	/
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Height	Weight	Smoker?
IN	LB	YES NO Circle one

Test Name	Measurement	Service Date
Systolic BP	MMHG	
Diastolic BP	MMHG	
Cholesterol [total]	MG/DL	
LDL/HDL	/ MG/DL	
Triglycerides	MG/DL	
Fasting Glucose*	MG/DL	
or Hemoglobin A1C*	%	
Serum Cotinine	POS NEG (circle one)	

* Members may complete either Fasting Glucose OR Hemoglobin A1C testing

WHY IS THIS IMPORTANT TO YOUR PATIENT?

In order for your patient to receive her/his preventive visit at no cost to them and to earn her/his reward for completing Health Actions, ***you must document at least one diagnosis indicating that preventive services were performed.***

Otherwise, this visit is considered a diagnostic exam and your patient will need to pay any deductibles, copays, and coinsurance that apply.

Thank you for your time and for taking care of our member.

Learn more about Colorado HealthOP at cohealthop.org

**Please send this form to our secure FAX line:
610-374-6986**

You can also mail a copy of this form to:

**Colorado HealthOP
Health Action Notification
PO Box 14327
Reading, PA 19612-4326**

Questions? Concerns? Please call Provider Services and we will be happy to help: 866-785-7265