



INSTRUCTIONS to apply for Health Incentive Discount

1. Complete the Member Section below.
2. Schedule annual well visit with primary care provider and have the provider fill out the Provider Section below.
3. Return completed form to Anabaptist Brotherhood via mail or fax.

Anabaptist Brotherhood

P.O. Box 144

Guys Mills, PA 16237

Fax: 814-529-0068

4. Member will be notified of discount qualification or reason for denial.

Member Section

Name: _____ Date of Primary Care Visit: _____

Date of Birth (MM/DD/YYYY): _____ Phone: _____

Member ID: _____

Provider Section

Please mark the current or historical diagnoses/conditions. For the conditions listed below with specified parameters, the provider is expected to verify the absence or adequate control of disease with relevant lab studies per best clinical practice guidelines and/or clinical judgment. Provide any relevant, clarifying comments

- | | |
|--|--|
| <input type="radio"/> BMI ≥ 30 | <input type="radio"/> Heart Failure |
| <input type="radio"/> Hypertension (BP $>130/80$) | <input type="radio"/> Atrial Fibrillation and Flutter |
| <input type="radio"/> Hyperlipidemia (LDL >130 and HDL <45) | <input type="radio"/> Stroke / Transient Ischemic Attack |
| <input type="radio"/> Chronic Kidney Disease (eGFR <45) | <input type="radio"/> Cancer |
| <input type="radio"/> Vaping or Tobacco Use in the past year | <input type="radio"/> COPD / Asthma |
| <input type="radio"/> Prediabetes (A1C >6) | <input type="radio"/> Depression, Bipolar, or Anxiety |
| <input type="radio"/> Diabetes Type I or Type II | <input type="radio"/> Dementia |
| <input type="radio"/> Myocardial Infarction | <input type="radio"/> Rheumatoid Arthritis/ Osteoarthritis |
| <input type="radio"/> Coronary Artery Disease | <input type="radio"/> Osteoporosis / Hip Fracture |

Provider Name: _____ NPI Number: _____

Brotherhood Section

- ☐ The member has used $\geq \$5000$ in sharing for any chronic conditions or diagnoses in the previous 12 months.