

Southington Administrators Association Preventive & Wellness Screening Program

Personal Tracking Form

To meet the SAA’s program requirements for premium reduction, all enrolled family members must have the exams and screenings that are appropriate for their ages based on the information below. To help track your progress, please use the following form for each covered family member every calendar year. Forms are based on the member’s age as of each January 1st.

Member Name: _____

Member Age as of January 1st: _____

Be sure to check the member’s age as of January 1st every calendar year to use the appropriate form.

Birth to 18

Preventive Physical Exam	2014 Completed Date of Service	2015 Completed Date of Service	2016 Completed Date of Service	Provider Name & Address
2013 required and then: One Well Child Exam every year after Age 1	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Birth to Age 1:				
At Month 1	Yes / No	Yes / No	Yes / No	
At Month 2	Yes / No	Yes / No	Yes / No	
At Month 4	Yes / No	Yes / No	Yes / No	
At Month 6	Yes / No	Yes / No	Yes / No	
At Month 9	Yes / No	Yes / No	Yes / No	
At Month 12	Yes / No	Yes / No	Yes / No	
Procedure codes* 99201,99202, 99203,99204, 99205, 99211, 99212, 99213, 99214, 99215, 99461, 99382, 99383, 99384, 99385, 99386, 99387, 99381, 99391, 99392, 99393, 99394, 99395, 99396, 99397				
Diagnosis codes* V20.1, V20.2, V70.0, V70.3, V70.5, V70.9				

* Your provider will submit procedure and diagnosis codes to Anthem that describe the preventive care services received. If the codes submitted represent treatment of illness or injury, the claim **will not be** considered a preventive health service and you may incur a copay charge for the visit.

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Member Name: _____

Member Age as of January 1st: _____

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Ages 19 – 29

	2014 Completed Date of Service	2015 Completed Date of Service	2016 Completed Date of Service	Provider Name & Address
Required for 2013 and then: One Preventive Physical Exam every 3 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Cholesterol Screenings - One every 5 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: One exam every 2 years Routine OB GYN Exam (Females) including clinical breast exam and cervical cancer screening, in addition to Preventive Physical Exam	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Procedure codes* 99201,99202, 99203,99204, 99205, 99211, 99212, 99213, 99214, 99215, , 99382, 99383, 99384, 99385, 99386, 99387, 99381, 99391, 99392, 99393, 99394, 99395, 99396, 99397 80061, 82465, 83718, 83719, 83721, 83701, S2120 P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175				
Diagnosis codes* V20.1, V20.2, V70.0, V70.3, V70.5, V70.9 272.2, 272.9, 272.0, 272.5, 272.7, 272.1, 272.3, 272.4, 272.6, 272.8 V76.47, V76.2, V76.4				

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Member Name: _____

Member Age as of January 1st: _____

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Ages 30 – 39

	2014 Completed Date of Service	2015 Completed Date of Service	2016 Completed Date of Service	Provider Name & Address
Required for 2013 and then: One Preventive Physical Exam every 3 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Cholesterol Screenings - One every 5 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: One exam every 2 years Routine OB GYN Exam (Females) including clinical breast exam and cervical cancer screening, in addition to Preventive Physical Exam	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Procedure codes* 99201,99202, 99203,99204, 99205, 99211, 99212, 99213, 99214, 99215, , 99382, 99383, 99384, 99385, 99386, 99387, 99381, 99391, 99392, 99393, 99394, 99395, 99396, 99397 80061, 82465, 83718, 83719, 83721, 83701, S2120 P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175				
Diagnosis codes* V20.1, V20.2, V70.0, V70.3, V70.5, V70.9 272.2, 272.9, 272.0, 272.5, 272.7, 272.1, 272.3, 272.4, 272.6, 272.8 V76.47, V76.2, V76.4				

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Member Name: _____

Member Age as of January 1st: _____

Be sure to check the member’s age as of January 1st every calendar year to use the appropriate form.

Ages 40 – 49

	2014 Completed Date of Service	2015 Completed Date of Service	2016 Completed Date of Service	Provider Name & Address
Required for 2013 and then: One Preventive Physical Exam every 2 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Cholesterol Screenings - One every 5 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: One exam every 2 years Routine OB GYN Exam (Females) including clinical breast exam and cervical cancer screening, in addition to preventive physical exam	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: Mammogram (Females) One mammogram every year	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Procedure codes* 99201,99202, 99203,99204, 99205, 99211, 99212, 99213, 99214, 99215, , 99382, 99383, 99384, 99385, 99386, 99387, 99381, 99391, 99392, 99393, 99394, 99395, 99396, 99397 80061, 82465, 83718, 83719, 83721, 83701, S2120 P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 77051, 77052, 77055, 77056, 77057, G0202, G0204, G0206, C8903, C8905, C8906, C8907, C8908, 0159T				
Diagnosis codes* V20.1, V20.2, V70.0, V70.3, V70.5, V70.9 272.2, 272.9, 272.0, 272.5, 272.7, 272.1, 272.3, 272.4, 272.6, 272.8 V76.1, V76.11, V76.12				

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Member Name: _____

Member Age as of January 1st: _____

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Ages 50 and over

	2014 Completed Date of Service	2015 Completed Date of Service	2016 Completed Date of Service	Provider Name & Address
Required for 2013 and then: One Preventive Physical Exam every year	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Cholesterol Screenings - One every 5 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Colorectal Screening Annual fecal occult blood test <u>or</u> colonoscopy every 10 years	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: One exam every 2 years Routine OB GYN Exam (Females) including clinical breast exam and cervical cancer screening, in addition to preventive physical exam	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Required for 2013 and then: Mammogram (Females) One mammogram every year	Yes / No Date:	Yes / No Date:	Yes / No Date:	
Procedure codes* 99201,99202, 99203,99204, 99205, 99211, 99212, 99213, 99214, 99215, , 99382, 99383, 99384, 99385, 99386, 99387, 99381, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 80061, 82465, 83718, 83719, 83721, 83701, S2120 P3000, P3001, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 77051, 77052, 77055, 77056, 77057, G0202, G0204, G0206, C8903, C8905, C8906, C8907, C8908, 0159T G0104, G0122, G0105, G0106, G0120, G0121, S3890, G0328, 45380, 45378, 45383, 45384, 45385, 45387, 45355, 45379, 45381, 45382, 45386, 45391, 45392, G0105, G0121, 74261, 74262. 74263, 74270, 74280, 82270, 82271, 82272				
Diagnosis codes* V20.1, V20.2, V70.0, V70.3, V70.5, V70.9 272.2, 272.9, 272.0, 272.5, 272.7, 272.1, 272.3, 272.4, 272.6, 272.8, V76.1, V76.11, V76.12, V16.0, V76.5, V76.51				

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