



Prevention Activity Form

This form may be used for more than one prevention activity. Complete this form and attach a copy of the Explanation of Benefits that includes the date of service and description of the service, the physician claim form indicating the relevant CPT codes, medical record, or certificate documenting the date and service for any of the prevention activities below. To qualify for Vitality Bucks[®], you must submit the documentation within 90 days of the event completion.

Section A: Principal Member Information	
First Name:	Last Name:
Vitality ID:	Date of Birth:
Section B: Dependent Information (if applicable)	
First Name:	Last Name:
Relationship:	Date of Birth:

Section C: Prevention Activity	Date	Provider Name	Supporting Documents Included (√)
Colorectal Screening Principal Member & Spouse only.			
Child Immunization Child dependents only.			
Flu Shot Principal Member & Spouse only.			
Mammogram Principal Member & Spouse only.			
Pap Smear Principal Member & Spouse only.			
Prostate Check Principal Member & Spouse only.			

Please attach supporting documentation and send it to:

The Vitality Group, 200 West Monroe, Suite 2100, Chicago, IL 60606
Or Fax: (877) 224-7110 or Email: wellness@powerofvitality.com