TEAMSTERS LOCAL 727 HEALTH & WELFARE FUND

Healthy Living & Wellness Program - 2022

Section 1: Patient Information	
Patient Name:	First Last
Date of Birth:	/ / / Male Female
Patient Phone:	/ Member Spouse
E-mail:	
Member ID (FUN):	Last Four SSN:
Section 2: To be c	ompleted by Physician (Exam and Labs must be completed between 1/1/2022 - 12/31/202
Date of Exam:	/ / / Fasting? Yes No
Blood Pressure:	Weight (Pounds): Height (Inches): Systolic Diastolic
Cholesterol:	Total: HDL: LDL:
	Triglycerides: Glucose:
Preve	entative Screening (Physician to determine if screenings medically necessary)
	Yes No N/A <u>Completed</u> <u>Not Completed</u> <u>Not Needed</u>
	Digital Prostate Exam:
	Mammogram:
	Pap Smear:
	Hemoccult Colon Screening:
Physician Name:	First Last
Physician Phone:	
Physician Signature	e Date
All information is required. Completed form must be submitted by 04/01/2023. Please submit to:	
Mail:	Elite Administration & Insurance Group, Inc. 1300 W. Higgins Road, Suite 208 Park Ridge, IL

Fascimile: 312/243-8678

Email: <u>CustomerService@eliteadmin.com</u>

Park Ridge, IL 60068