## **TEAMSTERS LOCAL 727 HEALTH & WELFARE FUND**

## **Healthy Living & Wellness Program - 2023**

	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 co	ompleted by Physician (Exam and Labs must be completed between 1/1/2023 -12/31/2023
Date of Exam:	/ / / / Fasting? Yes No
Blood Pressure:	Systolic Diastolic Weight (Pounds): Height (Inches):
Cholesterol:	Total: HDL: LDL:
	Triglycerides: Glucose:
<u>Preve</u>	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 04/01/2024. 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