

**LORAIN COUNTY COMMUNITY COLLEGE
PREVENTIVE CARE VERIFICATION FORM**

LEVEL I HEALTH CARE INCENTIVE

Dear Doctor:

My employer, Lorain County Community College, will provide me with a discount on medical insurance premiums, if on an annual basis I complete an online health risk assessment and receive some type of age and/or gender specific preventive health care.

Below for your reference is a list of tests for which the college's medical plans will provide **100% coverage**, if ordered as **routine/preventive care** and not in association with a medical diagnostic code. You may order any one or more of the tests you deem appropriate, in order for me to be considered as having received some type of preventive health care:

EKG	Metabolic Panel	PSA Test
CBC	Urinalysis	Pap Test
Lipid Profile	Fecal Occult Blood Test	Mammogram
Fasting Glucose		CA 125 Test

The college's medical plans also provide coverage (80% - 100% coverage depending on which medical plan I am enrolled in) for a routine colonoscopy at age 50 and every 5 years thereafter.

Please verify below that I have received some type of age and/or gender specific preventive health care during the current calendar year, by signing below. Do not indicate what type of preventive health care I received or provide the results of any routine tests that have been performed, as the college does not need or want access to that information. Thank you.

_____ has received preventive health care during _____
Employee/patient **Year**

_____ _____ _____
Physician Name (Please print) **Physician Signature** **Date**

Please return this form directly to me and I in turn will forward it to the college. Thank you.