

Time for your men's health exams

Aetna Better Health® of Virginia



It's time for your men's health exams.

Aetna Better Health of Virginia wants you make sure you get your exams and screenings. Schedule an appointment to see your primary care provider (PCP). Ask your provider if you're due for a colorectal cancer screening, prostate screening, and other appropriate screenings/testing. If you need help finding a PCP, just call Member Services at **1-800-279-1878 (TTY 711)**. We're here to help you, 24 hours a day, 7 days a week.

Members who have these services and send this form or have their provider send this form back to Aetna Better Health will receive the following incentives in a **\$25 gift card***.

To qualify for your \$25 gift card, you must complete all eligible screenings that are deemed medically appropriate by your provider. Screenings and exams include:

- | | | |
|--|--|--|
| <input type="checkbox"/> Preventative Care (All ages) | <input type="checkbox"/> Prostate exam
(As recommended
by your provider) | <input type="checkbox"/> Pneumonia Vaccine |
| <input type="checkbox"/> Colorectal cancer screening
(As recommended
by your provider) | <input type="checkbox"/> Flu vaccine (All ages) | <input type="checkbox"/> Tdap Vaccine |
| | | <input type="checkbox"/> Shingles Vaccine |

Please note: there may be an annual limit on your total incentive amount that you could receive per calendar year. Services must be completed by December 31 of this year.

**You must be an Aetna Better Health of Virginia member at the time of the visit.*



Find out what other rewards and added benefits you may be eligible for by scanning the QR code or by visiting [AetnaBetterHealth.com/Virginia](https://www.aetna.com/virginia).

[AetnaBetterHealth.com/Virginia](https://www.aetna.com/virginia)

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Member or provider, complete this form and fax it back to us at **1-844-203-0020** or email to **QualityManagementprograms@aetna.com**

Member name (print) _____

Member ID # _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone number _____

Member Date of Birth _____

Doctor's Name (print) _____

Provider ID # (provider use only) _____

Address _____

Address 2 _____

City _____ **State** _____ **Zip Code** _____

Phone number _____

Doctor's Signature (if available) _____ **Date of Visit** _____

Check services completed on date of visit:

- Preventative Care
- Colorectal cancer screening
- Prostate Exam
- Flu vaccine
- Pneumonia Vaccine
- Tdap Vaccine
- Shingles Vaccine

Check all services that are not needed for patient in current year. *Provider use only*

- Preventative Care
- Colorectal cancer screening
- Prostate Exam
- Flu vaccine
- Pneumonia Vaccine
- Tdap Vaccine
- Shingles Vaccine

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104 (TTY: 711)** 번으로 연락해 주십시오.

AetnaBetterHealth.com/Virginia



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