Time for your well woman exams

Aetna Better Health® of Virginia

It's time for your well woman exams.

Aetna Better Health of Virginia wants you to get your well woman exams and screenings. Schedule an appointment to see your primary care provider (PCP) or OB/GYN today. Ask if you are due for a Pap smear, mammogram, and other needed screenings/tests. If you need help finding a PCP, OB/GYN or mammography location, 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.

You may not need all of these services to qualify. You must be 18 years of age or older and complete all services as recommended by your provider.

If you complete the care you need and notify us, you may be eligible for the following incentives:

- **Pap Smear - $10**
  Date of visit: _____
- **Mammogram - $10**
  Date of visit: _____
- **Colorectal Cancer Screening - $15**
  Date of visit: _____
- **Flu Vaccine - $10**
  Date of visit: _____
- **Preventative Care - $30**
  Date of visit: _____

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.**

AetnaBetterHealth.com/Virginia

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

Wellness rewards form (limit of one of each wellness reward per year)

Member name (print) _____

Member ID # _____

Address _____

City _____ State _____ ZIP code _____

Phone number _____

Date of birth _____

Provider's name _____

Provider ID # _____

Provider address _____

City _____ State _____ ZIP code _____

Provider phone number _____ Provider email address _____

Check services completed on date of visit:

Provider use only

☐ **Pap Smear** - Date of visit: _____

☐ **Mammogram** - Date of visit: _____

☐ **Colorectal cancer screening** - Date of visit: _____

☐ **Flu vaccine** - Date of visit: _____

☐ **Preventative Care** - Date of visit: _____

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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