

The Annual Physical Reward program pays you and your eligible dependents for getting an annual physical exam from a primary care physician. Annual physical exams carry a \$0 co-payment so this is truly a reward!

Guidelines:

- Enrollees and dependents are eligible annually for the reward. The enrollee must be/have been an active Iroquois Central School District participant at the time of the physical.
- Single plan participants can earn \$100.
- Family plan participants can submit for a maximum of two Physical Exam rewards per plan year. (\$100 each; \$200 plan year maximum)
- Examples are Adult Annual Physical Exam or Child’s Annual Well/Physical Exam.
- OB/GYN annual visits are **not** eligible. DOT, camp or work physicals are **not** eligible.
- Exam must be completed between July 1, 2021–June 30, 2022 to be eligible.
- Superbills are **not** accepted documentation.
- Claim will be denied unless all of the required documentation is included.

Required Documentation

This form

Physician script or medical facility letterhead that documents:

1. Patient’s name
2. Date of annual physical or well child exam (between July 1, 2021–June 30, 2022)
3. Language indicating the visit was for wellness, child’s preventive exam, adult preventive, annual physical exam, etc. **OB/GYN annual visits are not eligible. DOT, camp and/or work physical exams are not eligible.**
4. Name of Physician

PLEASE NOTE: The results of the exam SHOULD NOT be reported to Iroquois Central School District

Please submit one form per physical. Submission Deadline: This form and proper physician documentation dated between July 1, 2021 and June 30, 2022 must be submitted by July 15, 2022. Payment is made directly to the primary enrollee (no third party payments).

Please Complete the Information Below:

Primary Enrollee Name: _____ Employer Name: _____

Home Address: _____ Phone: _____

City, State: _____ Zip Code: _____

Primary Enrollee Email: _____ Please check here if this is a new address

Please indicate if you have the following types of coverage*: Single Health Coverage Family Health Coverage

Return Form and Documentation to:

Mail: Nova Healthcare Administrators, an Independent Health Company, PO Box 1534, Buffalo, NY 14231

If you elect to mail your information, it is advised that you keep a copy for your records.

Please do not staple receipts to your form.

Fax: (716) 774-8092

- Please pick only one delivery method – do not fax and mail.
- Claims must be received by Nova five full business days prior to your scheduled reimbursement date.

Questions? Call Nova’s Customer Service Department, Monday–Friday, from 8 a.m. to 8 p.m., at (716) 505-8566.