

South Carolina
PEBA
PENSIONERS' EMPLOYERS' BENEFITS ASSOCIATION

REGIONAL SCREENING

Prevention Partners offers *Regional Screenings* for retirees and for employees that have missed a screening held at their own workplace. Those subscribing to the State Health Plan, BlueChoice, and Cigna will have the opportunity to participate in a Regional Screening on **September 5 & 6, 2012 at the Capital Center Building, 1201 Main Street, Suite 1700, Columbia, SC.**

Registration

This screening is available for just a \$15 co-payment. To register, please complete and mail the registration form below along with a check for \$15 made payable to COHSG to the following address:

COHSG – Columbia Screening
P.O. Box 606
Travelers Rest, SC 29690

Screening Components

Health risk appraisal - a complete wellness profile
Lipid profile - Total cholesterol, LDL, HDL, and Triglycerides
Chemistry profile - Blood Urea Nitrogen (BUN) and creatinine, Glucose, Electrolytes, Chloride and Bicarbonate
Hemogram- Red and white blood cell count, Hemoglobin, and Hematocrit
Also includes Blood Pressure, Height and Weight

YOU WILL BE NOTIFIED OF THE EARLIEST APPOINTMENT TIME AVAILABLE BY EMAIL ON AUG. 31.

If you have any questions, please email Carolina Occupational Health Screening Group at: mbrankin13@gmail.com



REGISTRATION FORM

Columbia, S.C. – September 5 & 6, 2012
(Registration deadline: August 31, 2012)

Terms and Conditions

- There is a 12-hour fast prior to your screening (you may have water and any required medications you may be taking)
- Participants are required to complete all components of this health screening. This includes height, weight, blood pressure, blood draw, and paperwork.
- Your insurance card ID number will be required the day of the screening for claim filing
- Insurance allows for **ONE** Prevention Partners screening per calendar year (January-December)
- Spouses covered by eligible employees and retirees can participate for a \$15 co-payment
- Dependent children are not eligible
- **IF MEDICARE OR TRI-CARE IS YOUR PRIMARY INSURANCE, YOU ARE NOT ELIGIBLE**

SCHEDULING: Please understand the difficulty in scheduling large *Regional Screenings*. It is impossible to honor every request for an early appointment time. To be fair, appointment times are assigned on a first come, first serve basis. Checks and registration forms will be kept in the order that they are received, with those responding earliest receiving the earliest appointment times. **APPOINTMENT TIMES WILL BE ASSIGNED ON THE AUGUST 31 DEADLINE.** By registering for this screening, you acknowledge that you understand that your appointment time could range anywhere between 7:30 AM and NOON.

PREFERRED DAY (CHECK ONE): September 5 September 6 EARLIEST APPT. TIME EITHER DAY

Name: _____ Work Phone: _____ Home/Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Email (**REQUIRED-PRINT CLEARLY**): _____

To participate, your primary insurance must be one of the following (check one): State Health Plan BlueChoice Cigna

I hereby certify that I am an employee, retiree or covered spouse with insurance coverage through the state of South Carolina and that I have read the terms and conditions listed above. I understand how scheduling is done. I affirm that the information I've given is true and correct. Any discrepancy may result in further billing by the provider.

SIGNATURE _____ Insurance Card I.D. Number (not your SSN#): _____

OPTIONAL TESTS

Below is a list of the most popular optional tests and their prices. These optional tests are not required in the basic screening because they are not recommended by the US Preventive Services Task Force for group screenings. Insurance is not filed for these tests, as they are out of pocket expenses. **To add any of these tests to your basic screening, please make a separate check out to COHSG and present it to your healthcare provider the day of the screening.**

Prostate-Specific Antigen (PSA) \$22
C-Reactive Protein (CRP) \$17
CA-125 \$30

Hemoglobin A1c \$57
Homocysteine \$42
Vitamin D, 25-Hydroxy \$56

Blood Type \$17