



State/WPE Biometric Screening Reimbursement Request

Physicians Plus supports your healthy lifestyle. You can earn \$150 wellness bonus for participating in a biometric screening and completion of online health assessment. Simply print this form and have the health professional complete and sign at the time of your screening.

Your Information

Member Name _____

Member Number _____

Biometric Screening Results

Blood Pressure _____ syst/dias Glucose _____ mg/dl

Cholesterol _____ mg/dl Body Mass Index (BMI) _____ %

Health professional performing this screening:

Print Screener Name _____ Date _____

Print Organization/Practice/Clinic Name _____

Provider Signature _____

Return completed form to:

Physicians Plus Insurance Corporation
Attention: Biometric Screening Bonus
2650 Novation Parkway, Suite 400
Madison, WI 53713

E-mail completed form to:

ppicinfo@pplusic.com

Fax completed form to:

(608) 327-0321

* Please allow 6–8 weeks to receive your Biometric Screening reimbursement reward.