Banner Medicare Advantage

2025 Annual Care Checklist

We want to help you get all the care, tests, and treatments you need to stay healthy. Below is a list of recommended Medicare Advantage preventive care services. Don't forget to take this checklist to your next primary care provider (PCP) visit and ask your provider about which services are right for you.

Annual Wellness Visit

	Date Completed
☐ Blood Pressure Check	
☐ Height, Weight, and Body Mass Index (BMI)	
☐ Advanced Care Planning	
☐ Medication Review	

As Needed

	Date Completed
☐ Fasting Blood Sugar	
☐ Colon Cancer Screening	
☐ Breast Cancer Screening	

Immunization Review

	Date Completed
☐ Flu Vaccine	
☐ COVID-19 Vaccine	
☐ Pneumonia Vaccine	
☐ Shingles Vaccine	
☐ Tetanus (Td), Diphtheria, Pertussis (Tdap) Vaccine	

For People with Diabetes

	Date Completed
☐ Hemoglobin A1c (HbA1c)	
☐ LDL Cholesterol	
☐ Kidney Health Tests: Urine Albumin Creatine Ratio (uACR) and Estimated Glomerular Filtration Rate (eGFR)	
☐ Foot Exam	
☐ Comprehensive Eye Exam with Dilated Retinal Screening	

As Recommended by Your Provider

	Date Completed
☐ Dental Exam	
☐ Hearing Exam	
☐ Eye Exam	
☐ Screening Lipids for Cardiovascular Disease	
☐ Bone Density Test for Osteoporosis	

Please contact our Customer Care Center for help scheduling an appointment, finding a pharmacy, understanding your plan or for any other questions. We are open 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711
Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711

Learn more at www.BannerHealth.com/MA.

This is a list of suggested screenings. Banner Medicare Advantage members should verify their coverage.

Banner Medicare Advantage members may be eligible for a reward upon completion of an annual wellness visit, colorectal cancer screening, and/or receiving an annual flu shot.

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Complete this information and discuss these topics with your PCP.

Your provider will want to know.

1. In the past year, have you fallen or felt unsteady while standing or walking? ☐ Yes ☐ No
   Your safety is extremely important to us and to your provider.
   Note any concerns about falls or unsteadiness and share that with your provider.
2. Are you able to get appointments with your provider or specialist when you need them? ☐ Yes ☐ No
3. In the last four weeks, has your emotional health *(feeling anxious or depressed)* interfered with your daily activities? ☐ Yes ☐ No
   Your emotional well-being is an important part of your health. If you experience interference symptoms such as anxiousness or feel depressed, talk to your provider about how you are feeling.
4. Does your physical health interfere with daily activities? ☐ Yes ☐ No
5. Have you ever smoked cigarettes or used other tobacco products? ☐ Yes ☐ No
   If yes, would you like to discuss options to quit using tobacco? ☐ Yes ☐ No
6. In the last two weeks, have you forgotten to take your medications? ☐ Yes ☐ No
7. In the past sixty days, have you experienced any bladder control problems, such as difficulty controlling the urge to urinate, or leaking of urine? ☐ Yes ☐ No
8. Have you completed advanced directives or made someone your medical power of attorney? ☐ Yes ☐ No

What questions do you or your family have for your PCP?

_____

_____

_____

Your prescriptions and over-the-counter medications.

Be sure to bring all your prescriptions, over-the-counter medications, and supplements in a bag to your next PCP appointment.

Drug Name	How Many I Take *(units)*	How Much I Take *(strength)*	Why I Take It