

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. Regular check-ups can help catch potential issues early, manage chronic conditions, and provide you with a personalized care plan to achieve your wellness goals. 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.

<p>*Annual Wellness Visit</p> <p><input type="checkbox"/> Blood Pressure Check _____</p> <p><input type="checkbox"/> Height, Weight, and Body Mass Index (BMI) _____</p> <p><input type="checkbox"/> Advanced Care Planning _____</p> <p><input type="checkbox"/> Medication Review _____</p> <p>As Needed</p> <p><input type="checkbox"/> Fasting Blood Sugar _____</p> <p><input type="checkbox"/> *Colon Cancer Screening _____</p> <p><input type="checkbox"/> Breast Cancer Screening _____</p> <p>Immunization Review</p> <p><input type="checkbox"/> *Flu Vaccine _____</p> <p><input type="checkbox"/> COVID-19 Vaccine _____</p> <p><input type="checkbox"/> Pneumonia Vaccine _____</p> <p><input type="checkbox"/> Shingles Vaccine _____</p> <p><input type="checkbox"/> Tetanus (Td), Diphtheria, Pertussis (Tdap) Vaccine _____</p>	<p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p>	<p>For People with Diabetes</p> <p><input type="checkbox"/> Hemoglobin A1c (HbA1c) _____</p> <p><input type="checkbox"/> LDL Cholesterol _____</p> <p><input type="checkbox"/> Kidney Health Tests: Urine Albumin Creatine Ratio (uACR) and Estimated Glomerular Filtration Rate (eGFR) _____</p> <p><input type="checkbox"/> Foot Exam _____</p> <p><input type="checkbox"/> Comprehensive Eye Exam with Dilated Retinal Screening _____</p> <p>As Recommended by Your Provider</p> <p><input type="checkbox"/> Dental Exam _____</p> <p><input type="checkbox"/> Hearing Exam _____</p> <p><input type="checkbox"/> Eye Exam _____</p> <p><input type="checkbox"/> Screening Lipids for Cardiovascular Disease _____</p> <p><input type="checkbox"/> Bone Density Test for Osteoporosis _____</p>	<p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p> <p>Date Completed _____</p>
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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.

Complete this information and bring it to your next visit to discuss with your provider.

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 <i>(units)</i>	How Much I Take <i>(strength)</i>	Why I Take It