

MEUHP Cost Saver Incentive Program

This is a **VOLUNTARY** program that we hope can benefit you and your family. While routine office visits, well baby visits and most preventive care are not eligible, many other tests and procedures including colonoscopies will qualify.

MEUHP Member Name _____ last four digits SSN # _____

Physical Address _____

Mailing Address _____

Telephone # _____ Email _____

Patient Name if other than member _____ Patient Date of Birth _____

Test or Procedure _____

Appointment date _____ Facility _____

Thank you for requesting to participate in the MEUHP Cost Saver Incentive Program.

If you choose to use one of the facilities on the list provided by MEUHP you will receive a cash incentive according to the following schedule:

Less than 50 miles:	\$125
50-150 miles:	\$250
Over 150 miles:	\$500

Note: Radius will be determined by utilizing MapQuest driving directions from the Member's home address to the chosen facility. Additionally, reimbursement for hotel expenses will be considered for all travel over 150 miles on a case-by-case basis.

I UNDERSTAND:

1. This is a voluntary program on the part of the Member.
2. The Member cannot be currently under care or receiving treatment at an eligible facility.
3. Normal doctor visits, wellness visits, well baby visits, etc., will not qualify under this program.
4. It is the responsibility of the Member to initiate the program and to submit information so that an incentive can be issued.
5. The MEUHP does not make a recommendation regarding the quality of care of any facility or provider.
6. The Member is responsible for any taxes related to any incentives received.
7. This incentive program cannot be combined with the Cigna Centers of Excellence incentive.

Signature of Member _____ Date _____

Email completed form to: tperkins@ftj.com

Office Use Only:

Cigna confirmed _____ Hotel Documentation _____ Incentive Total \$ _____ SD _____

Approval signature _____ Date _____