

2026 Annual Wellness Exam Form

We've included a form for you to fill out, sign and date after your Annual Wellness Exam with your provider.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Name:

Member ID (found on Health ID card)

Member Date of Birth

Member Signature

Name of Provider

Date of Visit

Practice Name

Address

Phone Number

Fax Number

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