

## 2026 Colorectal Cancer Screening Form

We've included a form for you to fill out, sign and date after your Colorectal Cancer Screening.

### 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

There are three ways to be screened for colorectal cancer. You will only receive one Healthy Reward per calendar year regardless of how many tests were performed. Once completed, you are not eligible to receive another Healthy Reward through the Healthy Rewards Program for any additional colorectal cancer screenings in 2026.

Please indicate which test you completed

Colonoscopy      Flexible Sigmoidoscopy      iFOBT Kit

Date of test or date screening kit mailed to lab

Member Name

Member ID

Member Date of Birth

Member Signature

Name of Provider

Date of Visit

Provider Phone

Practice/Group Name

Provider Address

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