

2026 Colorectal Cancer Screening Form

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

INSTRUCTIONS	
<ul style="list-style-type: none"> ■ 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	
<p>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.</p>	
<p>Please indicate which test you completed</p> <p>Colonoscopy Flexible Signoidoscopy iFOBT Kit</p>	
<p>Date of test or date screening kit mailed to lab</p>	
<p>Member Name</p>	
<p>Member ID</p>	<p>Member Date of Birth</p>
<p>Member Signature</p>	
<p>Name of Provider</p>	<p>Date of Visit</p>
<p>Provider Phone</p>	<p>Practice/Group Name</p>
<p>Provider Address</p>	

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