



Teachers Advantage Health Programs

Have A Heart | Breathe Easy | Control Is The Goal | My Best Pregnancy

Please check the programs you wish to enroll into (Please check all that apply):

Control Is The Goal

Breathe Easy

Have A Heart

My Best Pregnancy

Participant Name: _____ **Member ID:** _____

Participant Date of Birth (DOB): _____ **Participant Phone:** _____

Participant Email Address: _____

Enrolling Dependent Adult: _____ **Member ID:** _____ **DOB:** _____

Enrolling Dependent Minor: _____ **Member ID:** _____ **DOB:** _____

Preferred Contact Method: _____

Name of Primary Care Physician: _____ **Office Phone:** _____

Month/Year Last Seen: _____

Name of any/all specialists currently participating in your care:

_____ **Office Number :** _____

_____ **Office Number :** _____

_____ **Office Number :** _____

_____ **Office Number :** _____

Have you or your dependents been diagnosed with any of the following conditions (please check all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> COPD | <input type="checkbox"/> High-Risk Pregnancy
<i>(must be currently pregnant)</i> |
| <input type="checkbox"/> Prediabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Congestive Heart Failure | |

Please email this completed form to teacherhealthprogram@hcpnv.com. Upon receipt of this enrollment form, our Healthcare Advocate team will contact you to complete the enrollment process. **To receive the additional benefits of these programs, the enrollee must have completed this form and a brief health assessment over the phone with a health programs nurse.** Enrollment verification will be sent within 10-14 days. Questions? Please call our HealthCare Advocates at (702) 794-0272 ext. 2774.