BIOMETRIC SCREENING PHYSICIAN FORM

Larimer County 2019 Plan Year

PURPOSE OF THIS FORM:

For Employees who see their personal healthcare provider in place of attending the mass screening events, which are taking place February 13-23, 2018. Please note the deadlines below for submitting this form. Bloodwork/ Biometric Results accepted dating back to November 1, 2017.

EMPLOYEES COMPLETE THIS SECTION ONLY (PRINT)

First, Middle, Last Name:_____

Date of Birth:_____

Employee ID Number:_____

Email (for confirmation of receipt from PHN):

Phone Number:_____

WELLNESS RATE BIOMETRIC CRITERIA (Employees Must Meet 2* out of 5 Criteria)

- BMI below 30
- Blood Pressure below 130/85mmHg
- Total Cholesterol below 200mg/dL
- Triglycerides below 150mg/dL
- Fasting Blood Glucose below 100mg/dL

* For employees who do not meet 2 of the 5 biometric values required for the Wellness Rate, you still have an opportunity to qualify for the Wellness Rate. For more information, see the Healthcare Provider Reasonable Alternative Form.

PERSONAL PHYSICIAN/PHYSICIAN ASSISTANT (Complete this section.)

Blood Pressure: Systolic:	
Height (inches):	
Glucose:	mg/dL
Triglycerides:	mg/dL
High Density Lipoprotein (HDL):	mg/dL
Physician Name (please print):	
Physician Signature:	
Phone Number:	

Diastolic:	
Weight (pounds):	
Total Cholesterol:	mg/dL
Low Density Lipoprotein (LDL):	mg/dL

Date:_

ELIGIBILITY CATEGORY	PHYSICIAN FORM DEADLINE
Employees hired by 1/15/2018	3/1/2018
Employees hired between 1/16/2018 - 6/15/2018	8/1/2018
Employees hired between 6/16/2018 - 8/15/2018	9/30/2018

PREGNANT OR POST-PARTUM WOMEN: Up to 3 months post-partum, please submit the Pregnancy Appeal form through Viverae to qualify for exemption.

FAX this form to Preventative Health Now, LLC, (720) 221-0708. Or SECURE UPLOAD at <u>www.incentivetracking.com/co/securedrop.aspx</u>

To confirm receipt of this form, you may contact Sue Kellogg at <u>sue@preventivehealthnow.com</u>.