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: _____ Diastolic: _____

Height (inches): _____ Weight (pounds): _____

Glucose: _____ mg/dL

Triglycerides: _____ mg/dL Total Cholesterol: _____ mg/dL

High Density Lipoprotein (HDL): _____ mg/dL Low Density Lipoprotein (LDL): _____ mg/dL

Physician Name (please print): _____

Physician Signature: _____

Phone Number: _____ 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 www.incentivetracking.com/co/securedrop.aspx

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