



Dear Participant,

Your employer has offered you the opportunity to participate via your physician in their wellness program. Please complete the following steps to ensure your results are received in a timely manner.

1. **Make an appointment with your Primary Care Physician** to ensure there is enough time for you to be seen and your lab work processed and returned by **September 30, 2017**.
2. **Keep your scheduled appointment for a physical only.** Make sure that you complete the participant sections of the “Wellness Screening Results Form” prior to your doctor’s visit. Do not complete any more of the form at this time.

Member ID and Group ID: Sections can be left blank

3. **Remember to fast 9 hours prior to your appointment.**
4. **Take the “Physician Wellness Results Form” to your appointment.** Provide your physician with instructions on the back of this form.
5. **Remind your physician that this information is time sensitive.**

If you have any questions, please contact your employer’s Human Resource Representative or Benefits Administrator.

Please provide your physician with the instructions on the back of this form

ATTENTION HEALTH CARE PROVIDER:

Your patient is a participant in a health and wellness program sponsored through their employer. Through this wellness program, your patient has an opportunity to improve their health risk as they exhibit healthy lifestyle choices.

Please complete the following:

1. Ensure the patient has completed and signed the participant section on the enclosed results form.
2. Collect the biometric measurements (below), blood specimen and complete the remaining sections of the results consent form.
3. **Fax the completed form to 1-855-827-6307** and provide a copy of the results form to the participant.
4. Make sure services are properly coded as preventative, not diagnostic.

Please collect the following biometric measurements:

- Height
- Weight
- Waist
- BMI
- Blood Pressure
- Pulse
- Triglycerides
- Total Cholesterol
- LDL
- HDL
- Glucose

