



# Biometric Health Screening

## KNOW YOUR NUMBERS

Receive a \$75 reward for completing your Biometric Health Screening in 2017.

### Biometric Health Screening Reward Requirements:

Medically covered enrollees and spouses are eligible to receive a \$75 reward and 75 points toward more rewards for completing their Biometric Health Screening.

- ▶ This form must be completed in its entirety and be received by Interactive Health no later than **November 30, 2017**.
- ▶ The Biometric Health Screening must have been completed in 2017.
- ▶ The 2017 Onlife Health Assessment must be completed.
- ▶ Please allow at least 6 weeks for processing.

### SECTION 1: TO BE COMPLETED BY YOU (PLEASE PRINT)

Last Name

First Name (Legal Name, No Nicknames)

Birth Date (MMDDYYYY)

Email Address (optional)

Preferred Phone Number (no spaces)

**Notice, Privacy and Consent:** I agree to participate in this Biometric Health Screening. I understand that this screening will be used to determine possible health risks. I understand that my participation is voluntary and that I am not required to participate as a condition of employment or enrollment in my employer's health plan.

I understand my individually identifiable information as requested below may be shared with and used by Onlife Health to provide me with a wellness report and for other health management services including data aggregation for program improvement purposes. My Biometric Health Screening information may also be provided to Anthem to provide case management services. I understand that my individually identifiable health information will not be shared with HealthTrust or my employer. However, HealthTrust and/or my employer may be advised of the fact of my participation for purposes of incentive administration and may be provided aggregate information not identifiable to any individual in order to design a wellness program based on health risks in the workplace. The importance of safeguarding individually identifiable health information is recognized and all organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use in accordance with applicable HIPAA privacy policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECTION 2: TO BE COMPLETED BY YOUR PHYSICIAN (PLEASE PRINT)

**Note: All information must be provided by November 30, 2017 to receive the \$75 reward and 75 points.**

Examination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Total Cholesterol: \_\_\_\_\_ mg/dl HDL: \_\_\_\_\_

Ratio Total/HDL: \_\_\_\_\_ LDL Cholesterol: \_\_\_\_\_ mg/dl Triglycerides: \_\_\_\_\_ Glucose Level: \_\_\_\_\_ mg/dl

Hours Fasted: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg Waist Circumference: \_\_\_\_\_

Physician's Signature or Stamp: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

### Submit the completed Biometric Health Screening form by one of these methods to Interactive Health:

- ▶ Email: [offsiteforms@interactivehealthinc.com](mailto:offsiteforms@interactivehealthinc.com). Immediate electronic confirmation will be provided for email submissions.
- ▶ Fax: 410.356.6205
- ▶ US Mail: Interactive Health: Alternative Means, 11409 Cronhill Drive, Suite M, Owings Mills, MD 21117

If you have questions regarding this form please contact Interactive Health at 800.711.8656. If you have questions regarding your incentive or need additional assistance, please contact HealthTrust's Enrollee Services Representatives at 800.527.5001.