



## Worksite Wellness Health Screening Solutions

# Health Provider Screening Form

Individuals who complete a health or biometric screening are more than twice as likely to reduce their blood pressure risk category than those who do not participate. Similarly, those who complete a screening are 1.75 times more likely to reduce their cholesterol risk category.<sup>1</sup>

Health Provider Screening Forms are ideal for individuals who prefer to complete their screenings with their current health care providers, further enhancing the patient-provider relationship. Employees can simply have their screenings done with a provider or at a convenience clinic, and then fax the form to UnitedHealthcare.

### How it works

- An employee works remotely but wants to participate in the employer-offered biometric screenings.
- He receives an email promoting a health screening.
- The employee downloads the Health Provider Screening Form from **myuhc.com**® under “Health & Wellness.”
- He schedules an appointment with his primary care provider and completes his screening at the clinic.

### Did you know...

- Almost one in five (18.5 percent) people with high blood pressure are unaware of their blood pressure levels.<sup>2</sup>
- High blood pressure is a major risk factor for heart disease, stroke, congestive heart failure and kidney disease.<sup>3</sup>
- 25 percent of people with type 2 diabetes are unaware of their condition.<sup>4</sup>
- At least 65 percent of people with diabetes die from some form of heart disease or stroke. Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.<sup>5</sup>



- He has the provider record his results and sign the provider verification form. The employee also must sign and date the form before returning it.
- After the results are recorded, he or the clinic returns the form by fax.

## Features and benefits

This screening method reinforces the patient-provider relationship. In addition, it offers:

- Online self-service to access form and see instructions
- A configurable form enabling flexible data capture
- Control points to secure data collection
- Flexible dates for availability of screenings
- Aggregated reporting with all other screening methods

UnitedHealthcare makes data actionable for employees, employers and our health management team. Integrated data includes:

- Individual health record
- Online Health Assessment/Health Survey
- Health coaching
- Member incentives

## Improve your data collection

The Health Provider Screening Form is a great supplement to not only your annual Know Your Numbers onsite screening events but also to other health screening methods. Working together, your screening methods maximize coverage of biometric data, so you will have better insights into which health and wellness programs will work best for your unique population to ultimately help reduce long-term medical costs.

**Health Provider Screening Form**  
 \*\*\* ALL INFORMATION IS REQUIRED TO PROCESS YOUR SCREENING FORM \*\*\*  
 INCOMPLETE OR ILLEGIBLE FORMS ARE AT RISK FOR NOT BEING PROCESSED  
 RECEIPT DEADLINE: 12/31/13  
 Generated on 04/08/2013 12:44 pm CT

**Section 1: Participant Information**  
 First Name: Mark  
 Last Name: Sample  
 Last 4 Digits of Social Security Number: 1235  
 Gender: M  
 Birth Date: 99/99/9999  
 Email: your.name@gmail.com  
 Street Address: 4205 WESTBROOK DR  
 City: AURORA  
 State: IL  
 Postal Code: 60504-4124  
 Phone: (555) 1234567

**Section 2: Biometric Screening Results** (must be completed by your health care provider)  
 Date of exam or lab testing: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg  
 Height: \_\_\_\_\_ ft \_\_\_\_\_ in  
 Weight: \_\_\_\_\_ lbs  
 Total Cholesterol (TC): \_\_\_\_\_ mg/dL  
 HDL (High Density Lipoprotein): \_\_\_\_\_ mg/dL  
 TC:HDL Ratio: \_\_\_\_\_  
 Glucose: \_\_\_\_\_ mg/dL  
 LDL (Low Density Lipoprotein): \_\_\_\_\_ mg/dL  
 Hemoglobin A1C: \_\_\_\_\_ %  
 Triglycerides: \_\_\_\_\_ mg/dL  
 Cotinine (tobacco): \_\_\_\_\_ ng/mL (blood test)  
 PSA: \_\_\_\_\_ ng/mL  
 Health Provider's Signature (Required) \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
 Office Street Address \_\_\_\_\_  
 Office City, State and Zip Code \_\_\_\_\_  
 Office Area Code and Phone Number \_\_\_\_\_  
 Office Address Stamp (if available) \_\_\_\_\_

**Section 3: Patient Signature (Required)** Receipt Deadline: 12/31/13  
 By signing below, I give my provider listed above permission to send this form to Optum. I agree and understand that I may have out-of-pocket expenses associated with the biometric screenings performed by my provider.  
 By signing this form, I authorize my provider to disclose my biometric screening results to my health plan for the purpose of administering my wellness benefits and incentive awards, as applicable, and conducting other health plan activities as permitted by law. To the extent I am covered under an employer group policy which provides incentive awards related to a biometric screening program, I authorize my health plan to disclose information regarding my participation in this screening event and eligibility for various incentive awards to the plan sponsor or my employer group health plan for the purpose of administering any incentive awards.  
 I understand that I am not obligated to participate in this screening program and that this authorization is voluntary. However, I understand that there may be certain wellness benefits including incentive awards under my health plan that will not be eligible for as a result of not participating in this program or not providing my biometric screening results to my health plan.  
 I understand that my health information may be subject to re-disclosure by the recipient and that if the recipient is not a health plan or health care provider the information may no longer be protected by the Federal privacy regulations.  
 I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation. Unless revoked earlier, this authorization will expire one year from the date of my signature.  
 Patient Signature (Required) \_\_\_\_\_ Please Print Your Name \_\_\_\_\_ Date \_\_\_\_\_  
 Please fax completed form directly to 888.222.5555  
 You will receive an email confirming receipt of the form within ten (10) business days.  
 If you have any questions regarding this form please call 877.455.5555  
 Please note that we may contact you via email regarding this form.  
 Fax Code: 8168  
 Requestor: CLODA 2851549

### Health Provider Screening Form

*UnitedHealthcare is dedicated to making the administration of a comprehensive biometric screening solution easy. Our flexible solutions allow you to select the combination of biometric screening types right for your organization — onsite events, at-home kits, lab visits and health provider screening forms.*

<sup>1</sup> UnitedHealth Group Risk Reduction Study, 2012.

<sup>2</sup> American Heart Association Statistical Fact Sheet 2014 Update, [http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_462020.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_462020.pdf), January 2015.

<sup>3</sup> Why Blood Pressure Matters, American Heart Association, [http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Why-Blood-Pressure-Matters\\_UCM\\_002051\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Why-Blood-Pressure-Matters_UCM_002051_Article.jsp), January 2015.

<sup>4</sup> Infographic: A Snapshot of Diabetes in the United States, <http://www.diabetes.org/diabetes-basics/statistics/cdc-infographic.html>, January 2015.

<sup>5</sup> American Heart Association, Cardiovascular Disease & Diabetes, [http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes\\_UCM\\_313865\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes_UCM_313865_Article.jsp), January 2015.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.



**For information about Health Provider Screening Forms, contact your UnitedHealthcare representative.**



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