

Health Care Provider:

Biometric Screening Verification Form

Dear Physician:

As part of the HealthQuest Rewards Program, members are encouraged to visit their physician for an annual exam or participate in an on-site biometric screening. We encourage members to discuss their results with their physician.

Member Information (Please Print)

Name (last, first, MI): _____

Phone: (_____) _____ DOB: ____/____/____

Screening Results

Date of Screening: ____/____/____

Physician Name: _____

Health Care Practice Name: _____

Provider Phone: (_____) _____

Height (inches) _____ Total Cholesterol _____ Fasting Glucose _____

Weight (pounds) _____ HDL Cholesterol _____ or Random Glucose _____

Waist (inches) _____ LDL Cholesterol _____ Cotinine* _____

S/D Blood Pressure _____ Triglycerides _____

*Cotinine is not part of standard lab testing. Member will incur additional charge if done outside of State of Kansas biometric screening event.

Instructions for Submitting Results

Complete all information above and send via fax to **816.936.1625** or via mail to **Cerner Wellness, 2800 Rockcreek Parkway, Mail drop W0411, Kansas City, MO 64117**. Results will be entered into your HealthQuest wellness portal account within two weeks* of submission by physician or member.

**Delay may occur if your physician's office does not submit the completed form the day of your screening.*

All forms must be completed and submitted by December 1, 2017 in order to earn a premium incentive reduction in 2018 as the HealthQuest incentive deadline is December 31, 2017 (November 1, 2017 for Plan C HRA/HSA contributions).

Confidentiality Notice: Confidential Health Information Enclosed.

Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being faxed to you after an appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

Questions?

Please contact HealthQuest at KDHE.HealthQuest@KS.gov

