



A UnitedHealthcare Company

## Physician Lab Form Instructions

### Participant instructions:

1. Schedule an appointment with your health care provider.
2. Prior to your appointment, verify your provider is able to measure all required biometric screenings (height, weight, blood pressure, total cholesterol, cotinine (if applicable), blood glucose or A1c if you are a diagnosed diabetic).
3. Review and validate your personal information printed on the form.
4. Sign the form next to "Participant Signature".
5. Bring the form with you to your provider appointment. Give the form to your provider to complete the Vitals and Labs section of the form. All required fields must be completed in order for your form to be processed.

**Please Note:** You may have out-of-pocket expenses associated with the biometric screenings performed by your health care provider/physician. Contact your provider's office prior to your appointment to confirm any additional fees.

### Before your screening:

- Remember to fast for 8-12 hours before your biometric screening. You may drink water.
- Drink two glasses of water two hours prior to your appointment.
- Take medications as prescribed and follow any other instructions from your physician.
- Wear loose fitting sleeves.

### Returning the form:

Fax the completed form (or have your provider fax it) to 515-608-4589. It is your responsibility to ensure the form is complete and submitted correctly prior to the deadline.

**Important note:** Your lab form will be processed within 5 business days of the date it is received. Please log in to [umr.com](http://umr.com) to confirm whether your results have been processed successfully or additional information is needed. After logging in, select "Health center" from the myMenu on your member home page, then choose the "Wellness activity center" tile and select "Get started" to view the **Messaging** inbox for processing information and your **Lab results and health records** (click "Medical History" to see your results).

### Provider instructions:

- Complete the Vitals and Labs section of the form.
- An A1c test is recommended in place of the glucose test for diagnosed diabetics.
- Sign, date and enter your office address, details and telephone number.
- You may use an office stamp in place of manual entry of office address.
- Ensure all required tests and fields are completed for processing.
- Confirm with the participant that you will fax the form to 515-608-4589, or determine a process for the participant to pick up their form after the results have been recorded for them to submit.



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### **To the Member:**

Your employer has offered you the opportunity to participate in their wellness program offered by UMR. This form is used to capture your biometric screening results obtained by your health care provider. Before you participate in a biometric screening using the attached physician lab form, we would like to provide you with some information about the health information we may obtain from your screening, how and why we use it, and how we protect it. You are not required to participate in the biometric screening. Participation is completely voluntary. However, if you choose to participate, you may receive incentives and/or information on services to help you manage your health. If you choose not to participate, you may not receive program incentives, if any, offered by your health plan for participation in such health and wellness programs.

### **What information do we obtain?**

Our biometric screening services may measure one or more of the following, depending on the screening services your employer elects: total cholesterol (TC), low density lipoprotein (LDL), high density lipoprotein (HDL), TC/HDL ratio, blood glucose, triglycerides, BMI (based on measured height and weight), cotinine testing to validate use of tobacco or nicotine use, hemoglobin A1C, PSA, waist measurement and blood pressure.

### **How do we use, share and protect your information?**

- The health information obtained through your biometric screening is shared with your benefits administrator, UMR, for the purposes of plan administration:
  - UMR may share your information with their wellness coaches and nurses who are involved in administering your wellness and condition management programs.
  - UMR may use your information to generate incentive rewards associated to your biometric screening.
- The health information obtained through your biometric screening (for example, your BMI or blood glucose) is generally not shared with your employer, or if you are a spouse, your spouse's employer. We may share certain information (e.g., the amount of incentives earned), as necessary where your employer or spouse's employer or their designated third-party vendor is administering incentive awards.
- Your health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan administrator or health care provider, the information may no longer be protected by the Federal privacy regulations.
- We take reasonable precautions to protect data and to avoid data breaches, including maintaining physical, technical, and administrative safeguards. In the event of a data breach involving information you provide in connection with the wellness program, we will notify you within the time periods required by applicable laws, including HIPAA.

### **By completing your biometric screening, and authorizing your physician to send your results to UMR, you agree to the following:**

- I affirm that I have read and understood this authorization;
- I understand that participation in any programs noted above is completely voluntary; and
- I agree that if I choose to participate in any programs noted above, I authorize the collection and use of my data as described in this authorization

# UMR Physician Lab Form



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Program participation requires tests and measurements to be taken and the completed form faxed to **515-608-4589**.

**Physician exemption**    **Comments** \_\_\_\_\_

The patient has a health condition or circumstance that precludes them from receiving one or more of the below measurements or labs.

## SECTION 1: PERSONAL INFORMATION

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Email \_\_\_\_\_

## SECTION 2: VITALS AND LABS

Date of screening    M M — D D — Y Y    Fasting     Non-fasting

Height     ft.  .  in.    LDL  mg/dL

Weight     .  lbs.    HDL  mg/dL

Total cholesterol  mg/dL

Waist measurement     .  in.    Triglycerides  mg/dL

Blood sugar  mg/dL

Blood pressure     /  mmHg    or    A1C     .  %

### Provider stamp or signature

Provider Name \_\_\_\_\_

Date \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_