

2013 ANNUAL PHYSICAL AND BIOMETRIC RESULTS VERIFICATION FORM

(For adults age 18 and older)

REQUIRED TO EARN WELLNESS INCENTIVES

CNO MEDICAL PLAN PARTICIPANT – Please complete the top section, then review both sides of this document prior to your appointment.

CNO Medical Plan Participant:

Please review this section before your visit. Discuss recommended preventive care with your health care provider and be sure to inquire about other recommended screenings. **After your visit submit this form to OurHealth to be awarded your CNO wellness incentives for completing the annual physical and obtaining healthy biometrics.** For the 2013 plan year, only annual physicals and biometric screening results completed between December 1, 2012, and November 30, 2013, may be submitted for 2013 CNO wellness incentives. If attaining healthy biometric results in any of these categories is unreasonably difficult or medically inadvisable, you will still be able to earn these incentives through alternate activities listed on the CNO Wellness Incentives Menu provided in the 2013 Benefits Guide. If you have questions about alternative standards, please contact wellness@ourhealth.org. Please fax, email, or mail this form to OurHealth, c/o OurClinics@CNO no later than **November 30, 2013**.

Patient Name (please print): _____

Patient Date of Birth: _____

If spouse or child age 18 and over, please provide the following:

Employee Name: _____

Employee ID: _____

Employee Date of Birth: _____

Dear Health Care Provider:

Your patient is involved in an employer-sponsored wellness program that provides financial incentives for the completion of an annual physical and healthy biometric results. Completion and submission of this form is required for your patient to earn these incentives for 2013. Thank you for your assistance. ****Instructions for provider use: Hemoglobin A1c (CPT 83036, 83037), LDL direct (CPT 83721) or fasting lipid panel (CPT 80061) are both acceptable.**

SECTION I: BIOMETRIC RESULTS – This section must be completed in its entirety.

Blood tests should be submitted to a Quest Lab/Mid America Labs/LabCorp facility for highest discounts on laboratory services.

Patient fasted for at least 12 hours prior to test: Yes No Unknown

Date of preventive care exam: ____/____/____ (Note: This date must be between December 1, 2012, and November 30, 2013.)

Screening Test	Result	Screening Test	R
BMI* (or waist circumference measurement)	BMI _____ (Healthy BMI result: 18.5-24.9)	LDL*	_____mg/dL (Healthy LDL: <130)
	If BMI result is outside of the healthy range but is determined by physician to be within healthy range for this individual, physician may initial here to indicate a healthy BMI result: _____	HDL	_____mg/dL (Healthy HDL: ≥ 40)
		Total Cholesterol	_____mg/dL (Healthy TC: <200)
Height*	_____ft _____inches	Total: TC/HDL Ratio	_____ (Healthy Ratio: <4.6)
Weight*	_____lbs	Triglycerides	_____mg/dL (Healthy Triglycerides: <150)
Blood Pressure*	____/____mm HG (Healthy BP: <120/<80)		
Hemoglobin A1c*	_____mg/dL (Healthy A1c: ≤ 6.5)		

*These biometrics are required to earn associate and/or spouse CNO wellness incentives for healthy biometric results.

I affirm that the above is true and correct to the best of my knowledge.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name (please print): _____ Phone #: _____

Please complete this form and fax it to 1-866-422-0915 or email it to cno@ourhealth.org by no later than **November 30, 2013**.

SECTION II: PREVENTIVE CARE – Discuss the screenings outlined below with your doctor. Obtain appropriate preventive care based on your doctor’s recommendations in accordance with recommended standards of care. While the completion of preventive screenings is strongly recommended, the tests outlined below are not incentive eligible for 2013.

FEMALE	RECOMMENDED FREQUENCY*
Pap smear and clinical breast exam	Ages 21-64, annually
Mammogram	Ages 40 and older, annually
Flu Shots	Ages 19-49, as doctors advises; Annually after age 50
Pneumonia Immunization	Age 65 and older, once
Colon Cancer Screening	Age 50 and older, every 5 years or as doctor advises
Bone Density Test	Age 65 and older, once

MALE	RECOMMENDED FREQUENCY*
Flu Shots	Ages 19-49, as doctors advises; Annually after age 50
Pneumonia Immunization	Age 65 and older, once
Colon Cancer Screening	Age 50 and older, every 5 years or as doctor advises
Prostate Cancer Screening (PSA)	Age 50 and older, annually; at any age for those with risk factors.

* U.S. Preventative Services Task Force (USPSTF) guidelines.

Contact OurHealth:

Fax: 1-866-422-0915

Questions? Call: 1-866-434-3255

Secure e-mail: cno@ourhealth.org