



Healthcare Provider Screening Results Form

Completed form should be faxed to 1-855-204-7148; or mailed to:
Aetna, Attn: Team TMSE0249, P.O. Box 14079, Lexington, KY 40512-4079.
Form must be received no later than February 15, 2013.
 Please print and use black or blue ink.

Wellness Program Information

QLS Number 97561094

Employee Completes

Name (Last, First, Middle Initial)		Email Address	
Home Address (for your screening results)			
City, State, Zip code			
Member ID*	Gender	M F (circle one)	Date of Birth (MM/DD/YYYY)

The information provided on this form will be kept confidential.
** Aetna Members: Your Member ID can be found on your Aetna medical ID card. If you need assistance locating your Member ID, please contact an Aetna Health Concierge at 1.877.444.1012 Monday through Friday between 8 a.m. and 6 p.m. your local time, excluding certain holidays. Kaiser Members: Please contact an Aetna Health Concierge at 1.877.444.1012 Monday through Friday between 8 a.m. and 6 p.m. your local time, excluding certain holidays to obtain your Member ID.*

Healthcare Provider Instructions:
 Please complete the bottom half of this form indicating the patient's blood pressure, height and weight in the blue box and on the "tear off" portion of the form. Waist measurement should also be included, if available. Blood pressure, height and weight are required. Provide the "tear off" results to the patient (if present) and fax the remainder of the form to **1-855-204-7148** or mail the form to the address above. The form must be received no later than February 15, 2013.
Note: Blood pressure, height, weight and waist measurements are covered at 100% as part of the annual preventive visit under the patient's medical plan. Please code these services as preventive so that no patient cost sharing will apply.

Healthcare Provider Office Completes

Date of Screening	Screening must have been completed between January 1, 2012 and February 15, 2013.		
Blood Pressure	Systolic / Diastolic	Height	Feet Inches (whole number) Weight (lbs – whole number)
Waist Measurement (in inches) (see attached instructions for measuring waist)			

Healthcare Provider Office – Below Information Must Be Complete to Process

Healthcare Provider Signature	Date
Healthcare Provider's Name (please print)	

Employee Screening Results

Waist Measurement (in inches) _____	Height	Feet _____	Inches _____
Reference Range	Weight (lbs)	_____	
Male ≤ 40 inches			
Female ≤ 35 inches			
Blood Pressure	Systolic / Diastolic	(Reference range < 120/80 mmHg)	
_____	_____	_____	

Your Next Step

Now that you have your screening results, it's time to take the Health Assessment. You must be enrolled in an Aetna or Kaiser Permanente medical plan to take the health assessment. Aetna members visit aetna.com and log on to Aetna Navigator, or register if you're new to the site. Click on "Take a Health Assessment." Kaiser members log on to kp.org/tha and click on "Start Succeed now". Once you complete your health assessment, you will receive a personalized Health Summary. Note: if you include your email address on this form, Quest Diagnostics *Blueprint for Wellness* will send you an email confirmation approximately 7 business days from receipt. If you have questions about whether your form was received, contact an Aetna Health Concierge at **1.877.444.1012** (TTY: 1.800.682.3323) Monday – Friday between 8 a.m. and 6 p.m. your local time, excluding holidays.

Instructions for Measuring Waist

DO NOT FAX THIS INSTRUCTION SHEET IN WITH THE HEALTHCARE PROVIDER SCREENING RESULTS FORM



1. Have the patient hold the zero end of the tape measure at their bellybutton.
2. Either instruct the patient to turn around, or walk around patient. Do NOT reach your arms around patient.
3. Be sure that the tape measure is snug, but does not push tightly into the skin.
4. Tape measure must be parallel to the floor, i.e., at the same level all the way around.
5. Instruct the patient to relax and exhale. Measure the waist after patient breathes out normally.
6. Round the measurement down to the nearest lower inch.

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Healthcare Provider Screening Results Form Instructions

If you have had your blood pressure, height, weight, and waist measured by a healthcare provider on or after January 1, 2012, or if you have an upcoming appointment, you can use this **Healthcare Provider Screening Results Form** to complete the health screening portion of your wellness activities.

Step 1: Complete the “Employee Completes” section of the form.

Step 2: Aetna Members: If you have not already had your blood pressure, height, weight, and waist measured by a healthcare provider in 2012, find an Aetna network provider by visiting the custom Bank of America DocFind® website at www.aetna.com/bankofamerica, or by calling an **Aetna Health Concierge** at **1.877.444.1012** Monday through Friday between 8 a.m. and 6 p.m. your local time, excluding certain holidays. If you have had your blood pressure, height, weight, and waist measured in 2012, take this form to your provider’s office and ask that they complete the form with your results from 2012. Your provider’s office may charge an administrative fee for completion of the form.

Kaiser Permanente Members: You should only use this form to submit screening results obtained in 2012 by a non-Kaiser Permanente provider before you enrolled in a Kaiser Permanente plan.

Step 3: Have the provider complete the form and give you the “tear off” portion. Waist measurement, in inches, should be included in your results if available.

Step 4: Fax or mail to the address indicated on the top of the form. The form must be **received** by February 15, 2013. If you include your email address on this form, Quest Diagnostics *Blueprint for Wellness* will send you an email confirmation approximately 7 business days from receipt. Approximately three weeks after your form is received you will receive a copy of your screening results from Quest Diagnostics at the mailing address you include on the form.*

Please note: By using the **Healthcare Provider Screening Results Form**, you are asking your provider to report biometric results to Quest Diagnostics for your Health Screening.

- Only one form may be submitted per employee. If multiple forms are submitted, the results from the first form submitted will be used.
- Healthcare provider results may not be used to override results measured at a Quest Diagnostics Patient Service Center.
- If non-preventive services are performed as part of your annual preventive exam, charges may apply. For a list of covered preventive services access <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.
- If you are not enrolled in a Bank of America medical plan in 2012 but you plan to enroll for 2013 you can submit this form after your 2013 coverage under an eligible Bank of America medical plan becomes effective (Jan. 1, 2013).

If you have any questions, please contact an **Aetna Health Concierge** at **1.877.444.1012** (TTY: **1.800.628.3323**). The Health Concierge team is available Monday through Friday between 8 a.m. and 6 p.m. your local time, excluding certain holidays.

*Form processing will begin on October 4, 2012. If your form is submitted prior to October 4, 2012 you will receive your confirmation email seven to ten business days after October 4, 2012 and your screening results approximately three weeks after October 4, 2012.