

Biometric Physician Form

How to access and submit your form

Welcome to your biometric wellness screening experience

Your employer wants to help your journey to better health by offering biometric screenings. The goal is to help improve your understanding of your health and well-being by providing new insights to your health risks through laboratory results.

Registration and Downloading the Form

To begin, you will need to create an account with Quest Diagnostics following the instructions shown on the next page.



Step 1:

- Visit myEVHC.com and login
- Click the myHealthCenter tab

EVHC	G EVHC		Hello You are signed in as Plan Participant: f	Sign Out
Welcome to myEVHC! Sign in to myEVHC	Home My Expenses Abo	out Me My Correspondence	Messages • My Links • Family Links	My Profile 🔸
Usenone Isoland Isolan	em a Participant Ind a doctor, check claim status, manage your health and nore. CREATE YOUR ACCOUNT	I on an Employer/Client Manage employee coverage and eligibility, view claims and view reports. CREATE YOUR ACCOUNT		
Erogot vour odssword? Eorgot vour usemanne?	am a Broker Rep tabs on your clients' plan and access reports. CREATE YOUR ACCOUNT	I am a Provider Check the status of your patients' claims and confirm their eligibility history. CREATE YOUR ACCOUNT		
Find o Doctor aetna: Rigna.		Privacy.Statement System Requirements		

Step 2:

- Find the Biometric Activity Card on your home screen and click Learn More
- Click the Physician Form link to visit my.questforhealth.com.
- You will need your Registration Key (found on your Biometric Activity Card) and Unique ID (SSN) for the next step

BMI Targe	t Not Completed
Improving	Blood Pressure Not Completed
LDL Targe	t Not Completed
If your number down the road	s are in range, you may be able to prevent serious medical condition Also, if you get your numbers in range, you can earn rewards.
Why your bion Exercising, ma all important. I within the targ	tetrics are important initialining a healthy diet, and following your doctor's instructions are akking them part of your lifestyle can ensure that your numbers star et range. You can do it.
What to do net Stay healthy at one point for e incentive rewa BMI < or = 29 LDL cholesten Blood pressur Get started by the form to ear	tt ad be within the range for the below biometric screening targets. Ear ach target that you are within range. Earn 3 points and earn your rd. ol < or = 140 e < 120/80 downloading the physician form and following the instructions on rn your reward.
Please note: T may take seve to complete th	his activity relies on us receiving biometric screening results. So, it ral weeks to show as complete. Please plan accordingly and be sure is activity before this program ends.

Step 3:

- Enter your Registration Key below "Create Account" and click Register Now
- Review the terms and conditions and click Accept & Continue if you accept
- Follow the instructions on screen to confirm your eligibility
- Enter your Unique ID, username, and a password to finish creating your account.

o Employee Unique ID: Enter your SSN Example: 123456789

o Dependents Unique ID: Enter the employee's SSN followed by "S"

Example: 1234556789S

Creet	Cureat Cureat
Log In Unreame Description For part interaction or assessed? Contraction Contr	Terms and Conditions 1. Instruct of device Class Disposition for senses the halfs here for integenerat argument sing policies in yiels to match the confidentially of particular to consistent with Devices that the match is an additional of the policy of policy and policy for policy for policy for policy for policy and the policy for policy f
Transform your health Biometric screening results provide powerful insights into your health risks that you may not currently recognize. Complete your biometric screening to know your numbers and connect to quality care to help manage health risks and prevent chronic disease.	Accel & Continue Devinted Terms and Condition

Confirm Your Eligibility	2 Create Account		Enter Your Information
Confirm Your Eligil	oility		
Please enter your Unique ID and date of b	irth.		
Uid *	Birth Date *	-	
123456789	Example: 01/25/1980	E	
Relation *			
Employee	*		
Continue >			

Step 4:

- Under "Physician Results Form" click the **Order Form** button
- After arriving on the confirmation page, you can select the green
 - Download Form button to download and print your personalized form
 - Please verify that your personal information is accurate
- Schedule your biometric screening appointment with your physician
- **Print the form** and bring it to your appointment for the doctor to complete

	Why You Should Participate Completing a screening gives you the knowledge and transform your health.	you need to identify your health risks	
	Wellness Screening To get started, select an appointment method below. Patient Service Center	At an Event	
	Schedule a screening at a nearby Quest Diagnostics location.	Attend a wellness event at work or a location designated by your organization.	
$\left(\right)$	Physician Results Form Download a form that your health provider completes with your recent test results.	Self-collection Complete your self-collection Order Materials >	C3

Submitting your Physician Results Form

Step 1: Complete the screening

- To complete your biometric screening, provide the printed Physician Results Form to your doctor
- · Your doctor must complete the Health Provider section, including
 - Signature
 - Date
 - Test(s) Performed
 - UPIN/NPI (your doctor will know this number)
- Laboratory results must be collected between the dates specified on your Biometric Activity Card to be accepted.

Step 2: Upload Form

- Take a clear picture of your results form
- Revisit <u>my.guestforhealth.com</u>. Log in with the username and password you created previously. (You can find the link on your Biometric Activity Card on myHealthCenter)
- Select Upload Form
- Browse your computer for the completed Physician Results Form file (jpg, .png, .gif, and .pdf file formats will be accepted)

If you are uploading the form from a mobile device, you will need to select an image of the form from your stored photos



Step 3: Input your results

- First, verify that the information on the form is correct. This form is unique to you and will be rejected if submitted containing anyone else's information.
- Enter your results from the form into the fields shown before clicking the **Submit** button
- Alternatively, you or your physician can fax the form to **1.844.560.5221**.

Quest Diagnostics*	Hello, Sample Participant Dashboard My Account Contact Log Off	Quest Diagnostics*	Hello, Sample Part Dashboard My Account Contact
Uploaded File		Yes v	
PDF		HgbAtc (hirlpt) Vasst (inches)	
Charge Form >		Halaticae Provider * NA UPIN/ /NPI	
Date Testo) Performed * 10 Regime		You have signed your form.	
Height (feith) * Height (fichte) * • Repland Weight (bb) * Repland	4	Submit Cancel	
Systolc SP * Diactolc SP * Regard Regard			
Higs Ingen 2, " Registed HDL." Registed		Contract in view of the associated logo, Nichols Institute and all associated Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics, the institute of the associated logo, Nichols Institute and Associated Associated Associated International Netice (Associated Associated Associat	" Web, — Wessen Prademarks of Coast Diagnostics. All third party marks— 邻 and ^{We} — are the property of their nep particle. Air right seasoved. LAwiso de no Discrimacion 1.进 <u>的</u> 和意识/不过4.92/M3g

It's that simple

After you have completed your screening and uploaded your form, return to myHealthCenter to view your results!

myHealthCenter

Is your hub for all things healthy. The personalized portal features fun and easy ways to help you take charge and manage your health. Access myHealthCenter by logging onto myEVHC.com

Ensure your form is accepted by following these steps:

- Date Test(s) Performed Have your doctor collect your lab results within the dates specified on your Biometric Activity Card.
- Results collected before or after this date will not be accepted.
- Use black ink and write legibly
- All required form fields must be completed. You and your doctor need to sign the form.
- Confirm your form was successfully uploaded or faxed to Quest Diagnostics. You are responsible for ensuring you or your physician returns this form.
- If you have already completed your annual preventive care visit, your doctor's office may charge a copay and/or a form completion fee. You are responsible for paying co-pays and/or fees.

Sample Physician Form

REQUIRED co co	mpleted. If you have not			the second set of the second sec	
	mpleted before this form	is submitted. Complete	with your Healthcare H e in BLACK INK for bes	rovider, they will st results.	need to be
ompany Name SAMP	LE CLIENT	Ca	ontract Name SAMPLE	CLIENT 20	17
′ou need to fill this	section out.		Complete this section	pefore you see you	ur healthcare provider.
ast Name PARTIC	IPANT	First Name	SAMPLE		м
ender Female	Male	1234567	8911		
mail Address SAMF	PLEPARTICIPANTO	SAMPLE.COM	Pt	one Number	1999999999
ddress 10101 R	ENNER BLV⊅.		$\mathbf{)}$		
			State KS	Zip Code	6578
v signing this requisition for agnostics.	orm and receiving these servic	ces, I acknowledge and agree	to the Terms of Service whi	ch have been provid	ed to me by Quest
articipant Signature			Da	te of Birth 09/	20/1988
OR LAB USE ONLY		E1≥7 ≥050	5000 JJ9	te of Birth 09/	20/1988
CR LAB USE ONLY	e completed by your Hea	E127 2050 Ithcare Provider.	2000 J.J.k ! The information	te of Birth 09/	리/고딕용
articipant Signature OR LAB USE ONLY This section must be ate Test(s) erformed	e completed by your Hea	E127 2050 Ithoare Provider. Tasting and Measurements Must be Collected Between	2000 114 1 The information 11/04/2016	te of Birth 09/ 30 provided below w 04/21/2018	20/1988
or LAB USE ONLY This section must be are rest(s) erformed	e completed by your Hea DD-YY	E127 2050 Itheare Provider. Tuging and Masurements Must be Collected Between	2000 114 I The information 11/04/2016 Systolic BP	te of Birth 09/ 30 1 provided below w 04/21/2018	20/1988
CR LAB USE ONLY This section must be terformed Tright Tright Tright	e completed by your Hea DD-YY Height HDL	E127 2050 Ithcare Provider. Itsting and Measurements Must be Collected Between Weight Weight Total Chol	2000 11/ The information 11/04/2016 Systolic BP LDL	te of Birth 09/ 30 0 provided below w 04/21/2018 provided below below w	20/1988
transpart signature cor LAB USE ONLY This section must be uate Test(s) MM- leight rigs rigs tuccose	e completed by your Hea DD-YY Height HoL Fasting Yes	E127 2050 Utheare Provider. Testing and Measurements Nust be Collected Between Weight Choi Total Choi	2000 114 ? The information 11/04/2016 Systeme LDL LDL S∏No MggA1c ★	te of Birth 09/ 30 9/21/2018 9/21/2018 9/21/2018	20/1988
CR LAB USE ONLY CR LAB USE ONLY This section must be ate Test(s) CM/M- eight gs gg gg gg l bucose litucose	e completed by your Hee DD-YY Height HDL Fasting S Hours Yes	E127 2D 5D Itheare Provider. Testing and Measurements Must be Collected Between Weight Total Choi No Nicotine	2000 114 1 The information 11/04/2015 S_No HgbA1c ★	te of Birth 09/ 30 1 provided below w 04/21/2018 prime below w below w 1 provided below w	20/1988
arracipant Signature or LAB USE ONLY This section must be ate Test(s) This section must be ate Test(s) MMM- eight eight figs tucose tucose	e completed by your Hea DD-YY Height HDL Fasting >9 Hours	E127 2D50 Ithdare Provider. Ithdare Provider. Itaging and Masurements Itust be Collected Between Weight Itud Itud Chol Itud Chol Itud Itud Itud Itud Itud Itud Itud Itud	2000 114 1 The information 11/04/2016 BP LDL LDL S_NO HgpA1c *	te of Birth 09/ 30 I provided below w 04/21/2018 De	20/1988
aracipant Signature OR LAB USE ONLY This section must be alse Test(s) MMM-I telght rigs use gata	e completed by your Hee DD-YY Height HDL Fasting 9 Hours Yes	E1.27 2050 Itheare Provider. Testing and Measurements Must be Collected Between Weight (m) Total Chol No Nicotine	Da 2000 114 The information 11/04/2016 BP LDL S_No MgbA1c *	te of Birth 09/	20/1988

Download your biometric physician form today and move one step closer to achieving your health goals!

Please remember that all information obtained in your screening is personal and confidential, as protected by federal law. Your employer will not have access to your individual results. Actual physician form may vary depending on which biometric fields your employer has opted to include. This program is powered by ActiveHealth. Biometric screenings are powered by Quest Diagnostics Incorporated.

