

Dear Health Care Provider:

Your patient _____ is a member of a health plan (HealthFlex) that offers multiple wellness programs—at **no out-of-pocket** cost to the patient—including the option to participate in an annual preventive laboratory and biometric screening.

This screening (Blueprint for Wellness®) is provided by Quest Diagnostics Laboratories and features a comprehensive panel of 32 screening tests that include:

- Total Cholesterol
- HDL Cholesterol
- Calculated LDL
- Triglycerides
- Calculated Cholesterol/HDL ratio
- Cardio CRP
- TSH
- Free T4
- Creatinine
- eGFR
- Calcium
- Albumin
- Total Protein
- Globulin
- Albumin/Globulin Ratio
- Alkaline Phosphatase
- ALT
- AST
- Total/direct bilirubin
- GGT
- Uric Acid
- Fasting Glucose
- Hemoglobin A1c
- Total Iron
- Iron Binding Capacity
- Iron/TIBC Percent Saturation
- Ferritin
- Blood Pressure
- Height
- Weight
- Calculated BMI
- Waist Circumference

If your patient participates directly through the HealthFlex-sponsored Blueprint for Wellness program, he/she will receive results within three weeks of completing the Blueprint for Wellness. Your patient is encouraged to share the results with you.

If you believe this screening is not a good match for your patient's health care needs—or if your patient is unable to participate in the screening but still wants to receive the wellness incentive offered through the health plan, please complete the attached *Physician Results Form* and fax it to Quest Diagnostics at **1-844-560-5221**. **Please note:** *The screening may be subject to regular plan benefits and cost sharing, even if the lab/physician are "in network."*

Important:

- The *Physician Results Form* must be **completely filled out** for your patient to receive credit for participating in the health plan's wellness incentive program.
- The form must be returned to Quest Diagnostics by **July 31, 2017** for your patient to receive the **\$100 PulseCash** incentive or earn Wellness Points for health measures meeting the incentive criteria.

Sincerely,

The HealthFlex Team
Wespath Benefits and Investments

Quest Diagnostics is bound by HIPAA guidelines and regulations; your patient's data will be disclosed in aggregate only to the not-for profit organization that manages the health plan. Personal health data will be disclosed only to your patient (and to you, if your patient so chooses).



Physician Results Form Instructions

To complete your biometric wellness screening, provide the enclosed Physician Results Form to your doctor. Your doctor must complete the Healthcare Provider section, including Signature, Date Test(s) Performed, and UPIN/NPI. The UPIN/NPI is a unique number that identifies your doctor's office; your doctor will know this number.

Laboratory results must be collected between **04/01/2017** and **08/31/2017** to be accepted. 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 any such copays and/or fees.

If your form is complete with the required risk factors you will receive your results online within 10 days and a paper report in the mail within three (3) weeks of submitting the form. If you have not received your results within the time frame described above please contact the Health & Wellness Customer Service Center at 855-623-9355.

Ensure your form is accepted by following these steps:

- Date Test(s) Performed**—Have your doctor collect your lab results between **04/01/2017** and **08/31/2017** . Results collected before or after this date will not be accepted.
- Both you and your doctor need to sign the form. Your doctor must complete the “Healthcare Provider Completes” section of the form.
- Use black ink and write legibly.
- All required form fields must be completed.
- Confirm your form was successfully faxed to Quest Diagnostics at **844-560-5221** . You are responsible for ensuring your doctor returns this form by **08/31/2017** Results received after this date will not be accepted.
- If you have multiple forms for members of your household, they must be faxed separately.
- Fast for at least 9-12 hours prior to your appointment. Continue taking medication as directed and be sure to drink plenty of water.



B0A1 1499 0000 0000



Physician Results Form

Completed form must be faxed to 844-560-5221.

REQUIRED ALL FIELDS ARE REQUIRED unless otherwise noted with (*). Your form will be rejected if all fields are not completed. If you have not completed these tests with your Healthcare Provider, they will need to be completed before this form is submitted. Complete in BLACK INK for best results.

Company Name	GENERAL BOARD METHODIST CHURCH	Contract Name	WESPATH 2017
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You need to fill this section out. **!** Complete this section before you see your Healthcare Provider.

Last Name				First Name			MI	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	UNIQUE ID					
Email Address						Phone Number		
Address								
City					State		Zip Code	
Participant Signature						Date of Birth		

FOR LAB USE ONLY								
	B0A1 1499 0000 0000							

This section must be completed by your Healthcare Provider. **!** The information provided below will be kept confidential.

Date Test(s) Performed	MM-DD-YY	Testing and Measurements Must be Collected Between	04/01/2017	08/31/2017					
Height (feet)		Height (inches)		Weight (lbs)		Systolic BP		Diastolic BP	
Trigs (mg/dL)		HDL		Total Chol		LDL			
Glucose (mg/dL)		Fasting >9 Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	HgbA1c (%Hgb)	*				

Waist Circumference (inches)	
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Healthcare Provider (Printed)		UPIN/ NPI	
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Healthcare Provider (Signature)	
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