

# Health Care Provider:

## Biometric Screening Verification Form

Dear Physician:

As part of the HealthQuest Rewards Program, members are encouraged to visit their physician for an annual exam or participate in an on-site biometric screening. We encourage members to discuss their results with their physician.

### Member Information (Please Print)

Name (last, first, MI): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Screening Results

Date of Screening: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_

Health Care Practice Name: \_\_\_\_\_

Provider Phone: (\_\_\_\_\_) \_\_\_\_\_

Height (inches) \_\_\_\_\_ Total Cholesterol \_\_\_\_\_ Fasting Glucose \_\_\_\_\_

Weight (pounds) \_\_\_\_\_ HDL Cholesterol \_\_\_\_\_ or Random Glucose \_\_\_\_\_

Waist (inches) \_\_\_\_\_ LDL Cholesterol \_\_\_\_\_ Cotinine \_\_\_\_\_

S/D Blood Pressure \_\_\_\_\_ Triglycerides \_\_\_\_\_

### Instructions for Submitting Results

Complete all information above and send to (xxxxxxx) at (xxxxxx phone) or (xxxx email). Results will be entered into your HealthQuest wellness portal account within **one week** of submission.

**All forms must be completed and submitted by December 1, 2017 in order to earn a premium incentive reduction in 2018 as the HealthQuest incentive deadline is December 31, 2017 (November 1, 2017 for Plan C HRA/HSA contributions).**

Confidentiality Notice: Confidential Health Information Enclosed.  
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[Questions?](#)

Please contact HealthQuest at [KDHE.HealthQuest@KS.gov](mailto:KDHE.HealthQuest@KS.gov)

