



Dear Health Care Provider:

Your patient _____ is a member of a health plan that offers multiple wellness programs—at **no out-of-pocket cost** to your 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 screening tests, including:

- 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 he/she chooses to participate, your patient will receive his/her results within two or three weeks of completing the Blueprint for Wellness and will be encouraged to share the results with you.

If you believe this screening is not a good match for your patient's preventive needs or if your patient is unable to participate in the screening but still wants to receive the associated wellness incentive offered through his/her health plan, please complete the attached *Physician Results Report Form* and fax it to Quest Diagnostics at **1-855-794-1391**. **Please note:** The screening may be subject to regular plan benefits and cost sharing, even if the lab/physician are "in network."

Please note: **All nine (9) REQUIRED values must be completed so that your patient can receive credit for participating in the health plan's wellness incentive program.** The form must be returned to Quest Diagnostics by **July 31, 2014** for your patient to receive the \$100 HealthCash incentive or earn Wellness Points for health measures meeting the incentive criteria.

Sincerely,

The HealthFlex Health and Wellness Plan of The United Methodist Church

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

Completed form must be faxed to 855-794-1391

Patient's Employer Wellness Program Information	
Account General Board: Methodist Church: 2014	QLS Number (provided by Quest) 97560832

Wellness Participant Completes			
Wellness Participant Name (Last, First, Middle Initial)		Email Address	
Last 7 digits on Medical Card, + "S" for spouse	Date of Birth (MM/DD/YYYY)	Phone	
Address			
City		State	Zip Code
Wellness Participant Signature			Date

The information provided on this form will be kept confidential.

Physician Office Completes					
Date of Test (Required)	Testing and measurements must have been completed between these dates: April 1, 2014 - July 31, 2014.				
Biometric Screening Measurement	Screening Values Enter NG for any result not available for reporting.				
Height (feet) (Required)		Height (inches) (Required)		Weight (lbs) (Required)	
Blood Pressure (Required)	Systolic	Diastolic	Waist Circumference (Inches) (Required)		
Glucose mg/dL (Required)			Total Cholesterol mg/dL (Required)		
Triglycerides mg/dL (Required)			LDL Cholesterol mg/dL (Required)		
HDL Cholesterol mg/dL (Required)			Hemoglobin A1c		
Physician Office – Below Information Must Be Complete to Process					
Physician or Physician Designee's Signature (Required)					Date
Physician's Name (please print)			UPIN/NPI		

Wellness Participant Information:

- Physician Results Form option is available for those participants who cannot participate at an on-site event or Patient Service Center. By submitting this form, you are requesting your physician to report laboratory and biometric results to Quest Diagnostics for your Health Risk Screening.
- You are responsible for ensuring your doctor returns this form by the deadline. Your results will not be processed if your form is received after July 31, 2014.
- For an individual participant only **one** physician form can be submitted.
- Physician results **cannot** be combined with or used to override any actual measured results by Quest Diagnostics.

For questions please contact the Blueprint for Wellness Customer Support Center by email at wellness@questdiagnostics.com or by calling 866-908-9440 available (Monday – Friday 7 a.m. – 8:30 p.m. CST and Saturday 7:30 a.m. – 4 p.m. CST).