EMPLOYEE WELLPATH BIOMETRIC SCREENING COMPLETION VERIFICATION FORM

Instructions:

1. Visit your healthcare provider for an annual wellness exam and ask your provider to give you the following information:

- Total cholesterol
- HDL
- LDL
- Triglycerides
- Blood glucose
- Blood pressure
- Pulse
- Height (in inches)
- Weight (in pounds)
- Waist (in inches)

NOTE! Your specific biometric data should **NOT** be sent to the Wellness Coordinator. You will enter the information into the secure wellness website at www.myameriben.com

2. Ask your physician to complete this form
3. Scan this form to pdf
4. Go to the WellPath website (edms/wellness) and complete a WellPath Completion Tracker item; attach the pdf of this form to the item. The WellPath Coordinator is notified via email when new Tracker items are added.

Entity Name: _____ **Facility/Location/Department**: _____

Circle One: Employee Community Member & Employee

How would you like to receive your incentive (circle one)?
1) FSA Contribution (must be enrolled currently) 2) Taxed Gift Card 3) Paid Time Off (when available)

Patient Name: _____ Date of exam: _____

Participant Signature _____ Date _____

To be completed by Physician:

I, _____, verify the employee's identity and confirm I conducted a biometric screening including the elements listed in the instructions above and that those results were provided directly to the patient.

Physician Signature _____ NPI_____ Date _____

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