LARIMER WELLBEING

Navigate Wellbeing Solutions

Physician Wellness Screening Results Form

As a part of your employer's wellness program, you have the option to submit biometric screening results from your personal doctor (primary care physician). Please complete the following steps to ensure your results are received in a timely manner.

1. Before Your Appointment

☐ Schedule Your Annual Physical

- If you have not done so already, schedule an “annual physical" preventive visit with your primary care physician within your incentive program's time frame, ensuring that there is enough time for you to be seen and your lab results processed and returned.
- Refer to your employer's communications for the program time frame.
- If you do not have a primary care physician, contact your benefits administrator for more information.

☐ Prepare For Your Screening

- Make sure that you complete the participant section of the results form prior to your doctor's visit including your own signature.
- Remember to fast 8-12 hours prior to your appointment with nothing to eat or drink except water.
- Take medication as instructed by your doctors, and if you are unable to fast due to a medical condition, please follow your doctor's orders.

2. At Your Appointment

☐ Complete the Form

- Take the screening results form to your appointment and ask your doctor to fill out the screening results section of the form with your results.
- These results include both body measurements (height, weight, waist circumference and blood pressure), which are available immediately after a physical exam, and lab results, which may take time to receive results.
- Some doctor's offices will order standard lab tests to be completed prior to your physical exam, so you may ask about this option if you are near your program deadline.
- Remind your doctor that this information is time sensitive. Your physician's signature must be present to process the results.

3. Submit Your Results

☐ Upload to Portal

- Submit the completed results form through your employer's wellbeing portal. Results are typically available within 10 business days.
- Confirm completion shows in your portal.
- If denied, resubmit with the required missing information.

Important Notes

- **Deadline to submit is September 30th**
- Both employee and spouse must complete and submit separately within their own portal.
- Biometric form must be submitted, and additional forms will not be accepted and/or reviewed.
- If you have any questions about this process, please feel free to contact Navigate Wellbeing Solutions at:
  - info@navigatewell.com
  - 888-282-0822

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Physician Form

The requested values below should be covered under your annual preventive wellness exam. It is the participant's responsibility to pay any other fees incurred during the visit.
***Note to physician** – please code this appointment as a wellness visit.*

Participant Information (Completed by patient - please print)

LAST NAME: **MIDDLE INITIAL:**

SEX: ☐ MALE ☐ OTHER ☐ FEMALE ☐ PREFER NOT TO ANSWER

FIRST NAME:

PHONE NUMBER: **BIRTH DATE:**

STREET ADDRESS:

CITY: **STATE:** **ZIP CODE:**

EMPLOYER NAME:

EMAIL:

PARTICIPANT'S SIGNATURE (REQUIRED): **DATE:**

PARTICIPANT'S NAME (PLEASE PRINT):

Biometric Screening Results (Completed by Provider)

EXAMINATION DATE: / /

HEIGHT: **BLOOD PRESSURE MMHG:**

FT. **IN.** /

WEIGHT (LBS): **TOTAL CHOLESTEROL:**

WAIST CIRCUMFERENCE (INCHES): **A1C** (Optional): **TRIGLYCERIDES:** **LDL:**

HDL: **BLOOD GLUCOSE:** ☐ FASTING ☐ NON-FASTING

PHYSICIAN'S SIGNATURE (REQUIRED): **DATE:**

PHYSICIAN'S NAME (PLEASE PRINT):

Please upload to the wellbeing portal once completed. Deadline to upload this form in Navigate is September 30th

Questions? Contact Us:
info@navigatewell.com | 888-282-0822