



2012 HEALTH SCREEN FORM

*This form is only used for physician screenings and for other employer's screening. You do **not** need to complete this form if your screening was through Interactive Health Solutions at your work site or their Test on Demand offsite facility.*

Return this completed form to HealthSpan by November 30, 2012, in order to be eligible for the 2013 Health Evaluation Participation Credit.

Mail to (Attn: Tracey Taylor HealthSpan, Pictoria Tower 1, 225 Pictoria Drive, Suite 320, Cincinnati, Ohio 45246)
Fax to (Attn: Tracey Taylor, 513-551-1439, or Scanned Email, ttaylor-price@health-partners.org)

Last Name: _____ First Name: _____ Middle Initial _____

Date of Birth: _____ Age: _____ Gender: F M Phone #: _____

BHP Card Subscriber ID#: _____ Email address: _____

Option 1

Have your physician complete the Biometrics/Clinical Lab Values section and you submit completed form.

Physician Name: _____

Address: _____

Option 2

Enter information from a previous health evaluation done by another employer in 2012. You submit completed form, attaching a copy of the screening data.

BIOMETRICS/CLINICAL LAB VALUES

Blood Screening Date Completed: _____ Were you fasting for blood work? Y N

Glucose: _____ LDL: _____ Total Cholesterol: _____

Triglycerides: _____ HDL: _____ Cholesterol (HDL Ratio): _____

Required Clinical Measures Date Measured: _____

Height: _____ Feet _____ Inches Weight (lbs): _____

Blood Pressure: _____ Pulse Rate: _____

Please check one box: Use Tobacco Regularly Never Used Tobacco
Quit less than 2 years ago Quit more than 2 years ago

How many days a week do you participate in moderate exercise for at least 15 minutes? _____

I understand that HealthSpan is bound by HIPAA and cannot share personal health information without my permission. I understand that Butler Health Plan will have access to non identifiable aggregate data of all participants in the Butler Health Plan health screening program. I consent to my information being included in the non-identifiable aggregate data and the release of my name and plan ID to Butler Health Plan to administer the benefit incentive offered for the 2013 plan year.

Participant Signature: _____ **Date:** _____

Note: The participant is responsible for returning the form to HealthSpan by November 30, 2012, in order to receive credit toward the medical plan deductible for 2013.

EARN \$150 CREDIT TOWARD YOUR 2013 MEDICAL PLAN DEDUCTIBLE BY PARTICIPATING IN THE HEALTH EVALUATION

As part of Butler Health Plan Wellness, we encourage our members to achieve a healthier lifestyle. Early diagnosis and management can help you stay healthy and live a long, productive life.

How do you Earn \$150 Toward the Deductible?

BHP offers a free, comprehensive health evaluation at your work site to employees and spouses enrolled in the BHP medical plan. Participants in this program will earn a \$150 credit toward their 2013 medical plan deductible.

By completing your health evaluation at your work site through Interactive Health Solutions, you do not need to complete any further paperwork. The credit will be applied January 1, 2013.



When will the health evaluations occur?

Look for emails and flyers from your Wellness Coordinator regarding the 2012 dates and times for the screenings. Most work sites will schedule before June, 2012.

What if you or your spouse cannot participate when the health evaluation is at your school work site?

At the time of the work site registration, you may register for Test on Demand through Interactive Health Solutions and receive your screening at a Lab-Corp facility.

What if you have an annual physical performed at the doctor's office?

You may still receive the credit by having an annual routine physical completed by November 30, 2012:

- Request that the identified lab tests and clinical measures be performed. Ask the physician to call you with, or send, the lab results when they are complete. If you have already seen your physician, call the office and request your lab results.
- Download the "2012 Health Screen Form" from www.butlerhealplan.org and click on Wellness Benefits. Enter your information. If the clinical measures were not performed during your office visit, you may obtain these measures on your own. Most drug stores have machines for self-measuring blood pressure and pulse.
- Send the completed form to HealthSpan by November 30, 2012, in order to be eligible for the Health Evaluation Participation Credit.
 1. Mail to (HealthSpan, Attn: Tracey Taylor, Health Coach, Pictoria Tower 1, 220 Pictoria Drive, Suite 320, Cincinnati, Ohio 45246)
 2. Scanned Email to (tntaylor-price@health-partners.org) or
 3. Fax to (Attn: Tracey Taylor, 513-551-1439)

What if you or your spouse participates in another employer's screening program in 2012?

Download the "2012 Health Screen Form" from www.butlerhealplan.org and click on Wellness Benefits. Enter the biometrics and clinical results from your screening on your form. Attach a copy of your screening results to your form and send to HealthSpan by November 30, 2012, in order to be eligible for the Health Evaluation Participation Credit.