



Biometric Physician Form

How to access and submit your form

Welcome to your biometric wellness screening experience

Your employer wants to help your journey to better health by offering biometric screenings. The goal is to help improve your understanding of your health and well-being by providing new insights to your health risks through laboratory results.

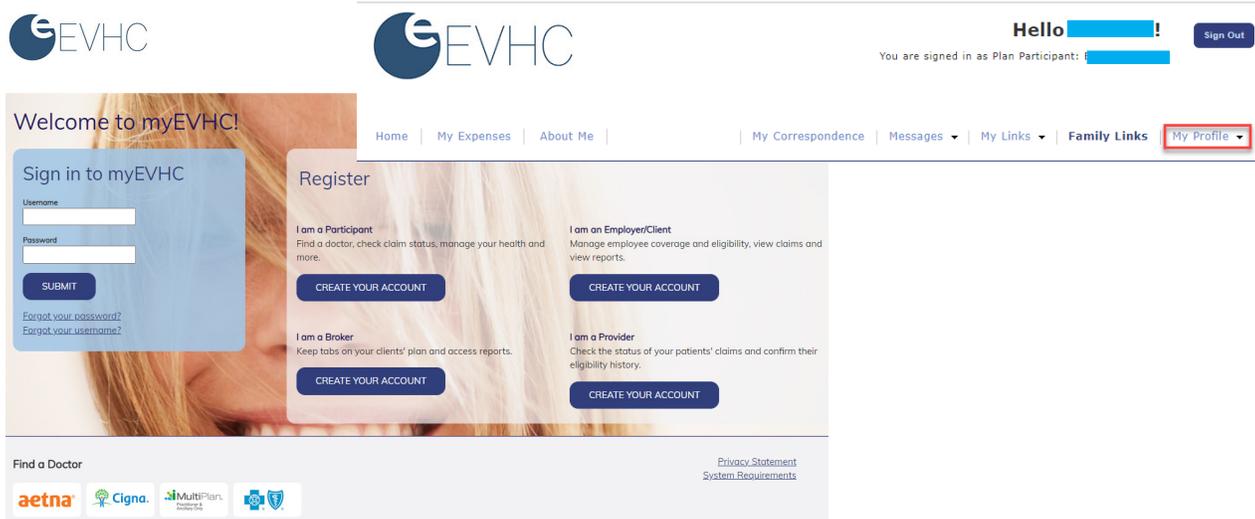
Registration and Downloading the Form

To begin, you will need to create an account with Quest Diagnostics following the instructions shown on the next page.



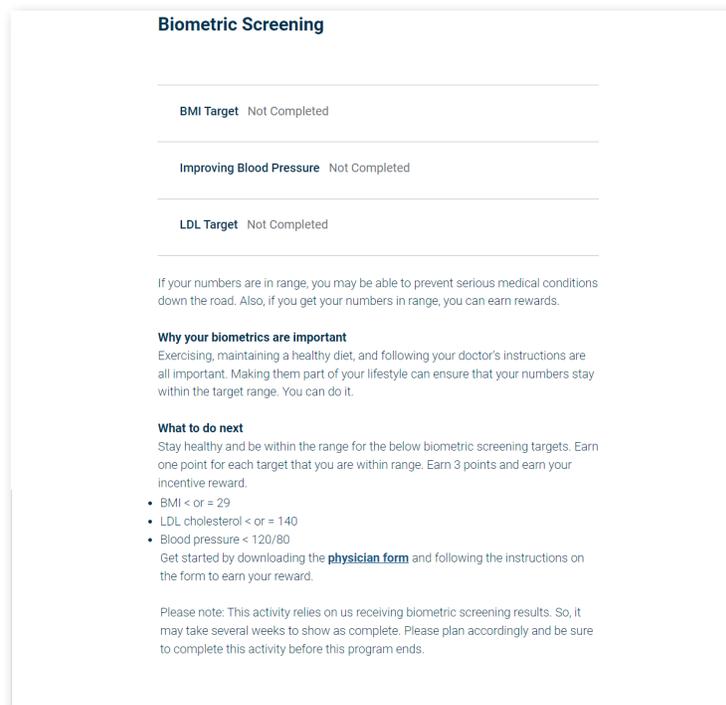
Step 1:

- Visit **myEVHC.com** and login
- Click the **myHealthCenter** tab



Step 2:

- Find the **Biometric Activity Card** on your home screen and click **Learn More**
- Click the **Physician Form** link to visit **my.questforhealth.com**.
- You will need your Registration Key (found on your Biometric Activity Card) and Unique ID (SSN) for the next step



Step 3:

- Enter your Registration Key below “Create Account” and click **Register Now**
- Review the terms and conditions and click **Accept & Continue** if you accept
- Follow the instructions on screen to confirm your eligibility
- Enter your Unique ID, username, and a password to finish creating your account.
 - o **Employee Unique ID: Enter your SSN**
Example: 123456789
 - o **Dependents Unique ID: Enter the employee’s SSN followed by “S”**
Example: 1234556789S

The screenshot shows the Quest Diagnostics website's login and registration interface. On the left, there is a 'Log In' section with fields for 'Username' (containing 'Whiskey2022') and 'Password', a 'Log In' button, and a link for 'Forgot your USERNAME or PASSWORD?'. On the right, there is a 'Create Account' section with a 'Registration Key' field containing 'Whiskey2022' and a 'Register Now' button. A red box highlights the 'Create Account' section. Below the forms, there is a banner with the text 'Transform your health' and a sub-header 'Biometric screening results provide powerful insights into your health risks that you may not currently recognize. Complete your biometric screening to know your numbers and connect to quality care to help manage health risks and prevent chronic disease.'

The screenshot shows the 'Terms and Conditions' page on the Quest Diagnostics website. It contains two numbered paragraphs of text. At the bottom of the page, there are two buttons: 'Accept & Continue' and 'Download Terms and Conditions'. A red circle highlights the 'Accept & Continue' button.

The screenshot shows the 'Confirm Your Eligibility' page in the registration process. It features a progress bar at the top with three steps: '1 Confirm Your Eligibility', '2 Create Account', and '3 Enter Your Information'. The main form area has a title 'Confirm Your Eligibility' and a sub-header 'Please enter your Unique ID and date of birth.'. There are two input fields: 'User' with the value '123456789' and 'Birth Date' with the value '02/03/2004'. Below these is a 'Relation' dropdown menu set to 'Employee'. A 'Continue' button is at the bottom. A red box highlights the entire form area.

Step 4:

- Under “Physician Results Form” click the **Order Form** button
 - After arriving on the confirmation page, you can select the green **Download Form** button to download and print your personalized form
 - o **Please verify that your personal information is accurate**
- Schedule your **biometric screening appointment** with your physician
- **Print the form** and bring it to your appointment for the doctor to complete

The screenshot shows the 'Why You Should Participate' page. It has a sub-header 'Completing a screening gives you the knowledge you need to identify your health risks and transform your health.' and an image of a woman and a child. Below this is a 'Wellness Screening' section with two columns of options. The 'Physician Results Form' option is circled in red. It includes the text 'Download a form that your health provider completes with your recent test results.' and an 'Order Form' button. Other options include 'Patient Service Center', 'At an Event', and 'Self-collection', each with a corresponding button.

Submitting your Physician Results Form

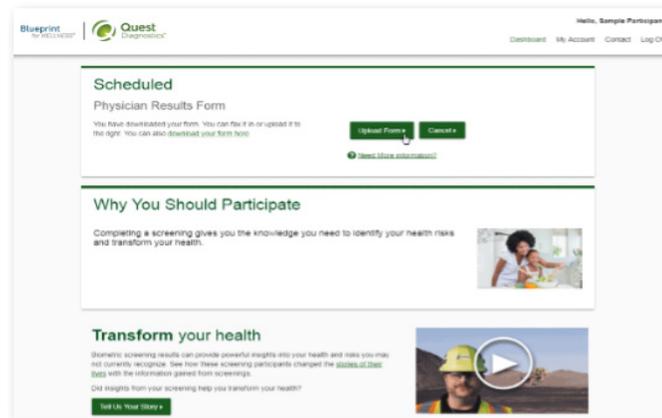
Step 1: Complete the screening

- To complete your biometric screening, provide the **printed Physician Results Form** to your doctor
- Your doctor must complete the Health Provider section, including
 - Signature
 - Date
 - Test(s) Performed
 - UPIN/NPI (your doctor will know this number)
- Laboratory results must be collected between the dates specified on your Biometric Activity Card to be accepted.

Step 2: Upload Form

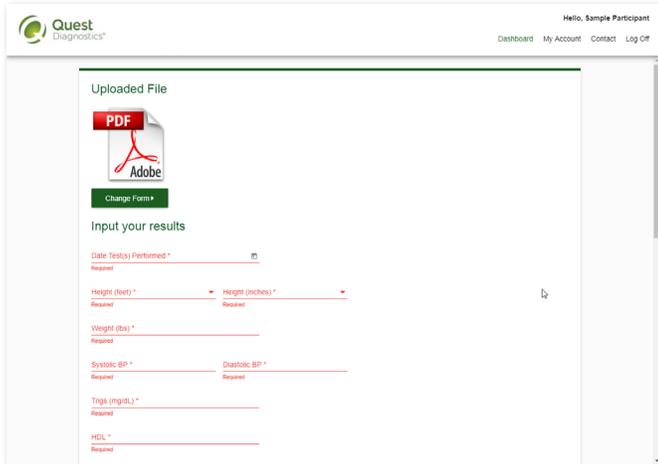
- Take a clear picture of your results form
- Revisit **my.questforhealth.com**. Log in with the username and password you created previously. (You can find the link on your Biometric Activity Card on myHealthCenter)
- Select **Upload Form**
- Browse your computer for the completed Physician Results Form file (jpg, .png, .gif, and .pdf file formats will be accepted)

If you are uploading the form from a mobile device, you will need to select an image of the form from your stored photos

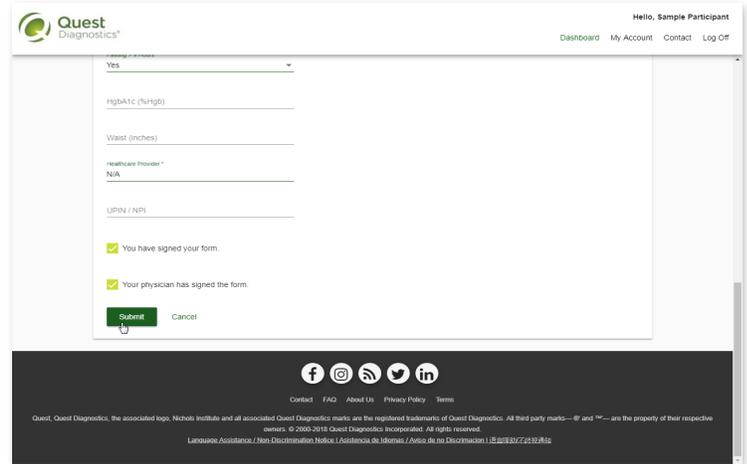


Step 3: Input your results

- First, verify that the information on the form is correct. This form is unique to you and will be rejected if submitted containing anyone else's information.
- Enter your results from the form into the fields shown before clicking the **Submit** button
- **Alternatively**, you or your physician can fax the form to **1.844.560.5221**.



The screenshot shows the Quest Diagnostics myHealthCenter interface. At the top, it says "Hello, Sample Participant" and "Dashboard My Account Contact Log Off". Below this, there is a section for "Uploaded File" showing a PDF icon with the Adobe logo and a "Change Form" button. Underneath, the "Input your results" section contains several required fields: "Date Test(s) Performed", "Height (feet)", "Height (inches)", "Weight (lbs)", "Systemic BP", "Diastolic BP", "Trigs (mg/dL)", and "HDL".



The screenshot shows the Quest Diagnostics myHealthCenter interface with the "Input your results" form. The form is partially filled out with "Yes" for "HgbA1c (Hmg)", "N/A" for "Healthcare Provider", and "LIPIN / N/A" for "LIPIN / N/A". There are two checkboxes: "You have signed your form." and "Your physician has signed the form.", both of which are checked. At the bottom of the form, there are "Submit" and "Cancel" buttons. Below the form, there are social media icons for Facebook, Instagram, Twitter, and LinkedIn, along with a footer containing contact information and a copyright notice.

It's that simple

After you have completed your screening and uploaded your form, return to myHealthCenter to view your results!

myHealthCenter

Is your hub for all things healthy. The personalized portal features fun and easy ways to help you take charge and manage your health. Access myHealthCenter by logging onto myEVHC.com

Ensure your form is accepted by following these steps:

- Date Test(s) Performed - Have your doctor collect your lab results within the dates specified on your Biometric Activity Card.
- Results collected before or after this date will not be accepted.
- Use black ink and write legibly
- All required form fields must be completed. You and your doctor need to sign the form.
- Confirm your form was successfully uploaded or faxed to Quest Diagnostics. You are responsible for ensuring you or your physician returns this form.
- If you have already completed your annual preventive care visit, your doctor's office may charge a copy and/or a form completion fee. You are responsible for paying co-pays and/or fees.

Sample Physician Form



127 250 200 1180



Physician Results Form
Completed form must be faxed to 844-560-5221.

REQUIRED ALL FIELDS ARE REQUIRED unless otherwise noted with (*). Your form will be rejected if all fields are not completed. If you have not completed these tests with your Healthcare Provider, they will need to be completed before this form is submitted. Complete in BLACK INK for best results.

Company Name		SAMPLE CLIENT		Contract Name		SAMPLE CLIENT 2017			
You need to fill this section out.				! Complete this section before you see your healthcare provider.					
Last Name		PARTICIPANT		First Name		SAMPLE MI			
Gender	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	UID	12345678911						
Email Address		SAMPLEPARTICIPANT@SAMPLE.COM		Phone Number		9999999999			
Address 10101 RENNER BLVD.									
City		LENEXA		State	KS		Zip Code	66219	
By signing this requisition form and receiving these services, I acknowledge and agree to the Terms of Service which have been provided to me by Quest Diagnostics.									
Participant Signature				Date of Birth		09/20/1988			
FOR LAB USE ONLY		127 250 200 1180							
This section must be completed by your Healthcare Provider.				! The information provided below will be kept confidential.					
Date Test(s) Performed		MM-DD-YY		Testing and Measurements Must be Collected Between		11/04/2016 04/21/2018			
Height (in)		Height (cm)		Weight (lb)		Systolic BP		Diastolic BP	
Trigs (mg/dL)		HDL		Total Chol		LDL			
Glucose (mg/dL)		Fasting >8 Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nicotine User?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HgbA1c (%)	*		
Healthcare Provider (Printed)						UPIN/NPI			
Healthcare Provider (Signature)									

Download your biometric physician form today and move one step closer to achieving your health goals!

Please remember that all information obtained in your screening is personal and confidential, as protected by federal law. Your employer will not have access to your individual results. Actual physician form may vary depending on which biometric fields your employer has opted to include. This program is powered by ActiveHealth. Biometric screenings are powered by Quest Diagnostics Incorporated.

