

# Annual Physical Screening Form Instructions

## Sumner County Board of Education Wellness Promise Incentive Program



Completing an annual physical is one of the Wellness Promise requirements for 2019. Eligible employees, retirees and spouses covered under Sumner County Board of Education medical benefits that are enrolled in a PPO or CDHP Wellness Promise plan and wish to remain in the Wellness Promise for 2020 must get an annual physical with lab panels between **April 1, 2018 and July 13, 2019**.

Both the employee, retiree, and covered spouse must submit the Sumner County Board of Education Health Annual Physical Screening Form to Sumner Health **no later than July 18, 2019** to remain in the Wellness Promise.

**For information about the Wellness Promise requirements for you and your spouse visit [sumnercountyhealth.com](http://sumnercountyhealth.com).**

### Step 1: Obtain Your Annual Physical Results

- OPTION 1 - Complete a physical at a Sumner Health Clinic between April 1, 2018 and July 13, 2019.
- OPTION 2 - Complete a physical at your Primary Care Physician's office between April 1, 2018 and July 13, 2019. Be sure to bring the Annual Physical Screening Form with you to your appointment.
- OPTION 3 - If you have already had a physical in this timeframe, please ask your provider to complete this form.
  - Talk to your doctor to be sure that your visit is billed as a preventive visit. Per Affordable Care Act guidelines, insurance plans will only allow one physical in a rolling 12 months.

### Step 2: Complete the Annual Physical Screening Form

- When your lab results are available, your physician should complete and sign the Annual Physical Screening Form and return it to you. Please complete the Nicotine Waiver/Acknowledgement and submit to Sumner Health no later than July 18, 2019.

#### Sumner County Board of Education Healthy Living Measure Targets:

<b>Blood Pressure: less than 140/90</b>	<b>Weight: Body Mass Index (BMI less than 30)</b>
<b>Tobacco: No</b>	<b>Blood Sugar: HbA1c less than 5.7</b>

### Step 3: Submit the Annual Physical Screening Form

- Fax or e-mail the completed form to Sumner Health using the contact information at the bottom of the form.
- The completed Annual Physical Screening Form must be **received** by Sumner Health no later than July 18, 2019 to meet the Wellness Promise requirements and remain in the Wellness Program.

### Step 4: Log into your wellness portal to determine if you are compliant or non-compliant

- All coaching and incentives will be tracked via the wellness portal
- If benchmarks are met, no health coaching will be necessary.
- If benchmarks are NOT met, you and/or spouse will be required to participate in face to face coaching and/or a wellness program provided by Sumner Health. The deadline for completion is September 13, 2019.

If you have questions, call Sumner Health at **855-571-4500** (Monday through Friday 7 a.m. to 5 p.m. CT)

**Please submit this form to Sumner Health:**

**Fax: 615-461-7611 Phone: 855-571-4500**

**E-mail: [patientservices@onetooneppn.com](mailto:patientservices@onetooneppn.com)**

Please allow 7 – 10 business days for processing before results will appear on your personalized Sumner Health website

# Sumner County Board of Education Annual Physical Screening Form

First name (print): \_\_\_\_\_

Last name (print): \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 digits of social security number: \_\_\_\_

Employer: Sumner County Board of Education

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health Care Provider – Please complete the following information

Your patient is involved in Sumner County Board of Education employer-sponsored health improvement program. One component of this program is participation in a health screening. Your patient has opted to have this screening conducted by you. Please provide the following screening results, as requested below, and return the form back to your patient.

Date of Screening:

Height:

Weight:

BMI (Body Mass Index):

Blood Pressure:

HbA1C:

Tobacco: Yes  No

Healthcare Provider Printed Name:

Healthcare Provider Signature:

Healthcare Provider Phone:

Healthcare Provider Address:

### Nicotine Affidavit

**No:** I, \_\_\_\_\_ hereby certify that I have not used any cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or other nicotine delivery system in the last 12 months. Please note going forward that nicotine law draw testing will be required for following years.

**Yes:** I, \_\_\_\_\_ actively use nicotine and understand that I am required to complete face to face health coaching or a nicotine cessation course with Sumner Health prior to September 13, 2019 to reach compliance and stay on the wellness plan.

Patient Name (Please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_