

Biometric Notification Form - Tulane University

INSTRUCTIONS: UnitedHealthcare-covered member completes Part I. Provider completes Part II. Remember to fast - no food or drink, except water - for at least 8 hours before your biometric screening.

PART I: Member Information

Member Identification Number (on your member ID card)		Group Identification Number (on your member ID card)		
Member's Last Name	First Name		Middle Initial	Date of Birth
Address - Number and Street	City		State	Zip Code
Phone		E-mail		
Member's Signature (Required for processing)			Date	

PART II: This section must be completed and signed by provider

Check the box(es) next to the health action(s) for which provider is reporting.

Health A	Actions	Date of Service (Do NOT include test results)				
	BMI biometric					
	Blood pressure biometric					
	Cholesterol biometric					
	Fasting blood sugar biometric					
Provider's Signature		Date				
Provider	's Name (please print)	Phone				
Office A	ddress - Number and Street	City	State	Zip Code		

PART III: Next Step

This form* must be submitted via:

- Fax to 504-849-1540 (Attn: Miriam Finley) OR
- Mail to Health Actions Notification Tulane Attn: Miriam Finley 3838 N. Causeway Blvd., Suite 2600 Metairie, LA 70002

by **December 31, 2011** in order to complete all stops along the *TUWellness Streetcar to Better Health* and be eligible for the Presidential Wellness Award.

* Considered invalid if any fields are left blank