



# MEDICAL MUTUAL®

## Solutions Program Physician Screening

**Member Instructions:** Have your healthcare provider to complete the entire Biometric Screening Results section below. You must return both this form and the program Authorization form to Medical Mutual no later than **December 31, 2015**. If you are unable to meet any program measure for a reward under your employer's wellness program, you have the opportunity to earn the same reward by following the reasonable alternative option. Please call us at (419) 473-7213 if you have any questions about the option that is right for you.

Member Information (please print)			
Name:	Birth date:	Employer: Diocese of Toledo - 861250	
Medical Mutual identification number (on ID card):		Phone number:	
Street address:	City:	State:	ZIP:
Biometric Screening Results			
<b>Provider:</b> Please provide all biometric results in the chart below. Results will only be accepted for tests completed between August 1, 2015 and December 31, 2015.			
	Program Measures:	Program Targets	Provider-tested Results
Date of visit:	Body Mass Index	≤29.90	
Lab collection date:	Height		
	Weight		
	Waist Circumference	Female ≤35 Male ≤40	
	Blood Pressure	≤139/89	
	Total Cholesterol	≤239	
	HDL Cholesterol		
	LDL Cholesterol		
	Triglycerides		
	Hemoglobin A1C	<6.4%	
Tobacco use			
Provider name (print):		NPI:	Date:
Provider signature:		Phone number:	
Member Acknowledgement			
My signature verifies all information supplied is accurate and authorizes the release of medical information to Medical Mutual. I understand any costs associated with an office visit and/or any lab work completed are subject to plan benefits and are my responsibility.			
Member signature:		Date:	
Incomplete or late forms will not be accepted or processed.			
Send this form to Medical Mutual by <b>December 31, 2015</b> . If you have any questions, please call (419) 473-7213.			
Email form to: <a href="mailto:Kate.Rawski@medmutual.com">Kate.Rawski@medmutual.com</a> Fax form to: (888) 219-8693			
Or mail form to: Medical Mutual / Wellness Team MZ: 01-5B-7500 / 2060 E. 9 <sup>th</sup> Street / Cleveland, OH 44115			