

Annual Physical Screening Form Instructions

Completing an annual physical is one of the Healthy Living requirements for 2013. Eligible employees and spouses covered under DTE medical benefits that are enrolled in a PPO or CDHP plan and wish to remain at the Enhanced level for 2013 must get an annual physical with lab tests between October 1, 2012 and March 31, 2013.

Both the employee and covered spouse must submit the RedBrick Health Annual Physical Screening Form to RedBrick Health no later than April 15, 2013 to remain at the Enhanced level.

If you are enrolled in an HMO plan for 2013 you must complete your Healthy Living requirements through your HMO, not RedBrick Health. The HMOs have their own physical forms which you can get on the HMO's member website.

For information about the Healthy Living requirements for you and your spouse click on the Resources Tab on the RedBrick Health website (RedBrickHealth.com/login) or visit the Energize Your Life website (www.dteenergy.com/eyl/myHealth) and click on Healthy Living. If you are enrolled in an HMO, you will need to complete the requirements specific to that HMO.

Step 1: Obtain Your Annual Physical Results

- **OPTION 1** — If your physician conducted an annual physical for you on or after October 1, 2012, you can ask your provider to complete the Annual Physical Screening Form based on those results.
- **OPTION 2** — If you have not had an annual physical on or after October 1, 2012, visit your physician to have a physical conducted by March 31, 2013. Be sure to bring the attached Annual Physical Screening Form with you to your appointment.
- Talk to your doctor to be sure that your visit is billed as a **preventive visit**.

Step 2: Complete the Annual Physical Screening Form

- When your lab values are available, your physician should complete and sign the form and return it to you.
- If your physician determines, based on your specific health circumstances, that any of your results are within a healthy range for you despite not being within the target range, he/she may initial the appropriate box(es) on the form.
- DTE Energy Healthy Living Measure Targets:

Blood Pressure: less than 120/80	Weight: Body Mass Index (BMI) less than 30
Cholesterol: LDL less than 160 Triglycerides less than 200	Blood Sugar: Fasting Glucose less than 100 OR HbA1c less than 8.0
Tobacco: No	

Step 3: Submit the Annual Physical Screening Form

- Mail, fax, or e-mail the completed form to RedBrick Health using the contact information at the bottom of the form.
- The completed Annual Physical Screening Form must be **received** by RedBrick Health no later than April 15, 2013 in order to meet the Healthy Living requirements and remain at the Enhanced level.

If you have questions, call RedBrick Health at 866.261.7144 (Monday through Thursday, 8 a.m. to 11 p.m. ET, Friday 8 a.m. to 8 p.m. ET or Saturday 8 a.m. to 3 p.m. ET).

If it is unreasonably difficult or medically inadvisable, due to a medical condition, for you to achieve or attempt to achieve the standards for this program, call RedBrick Health.

Your privacy is very important to us. That's why we continuously update our information systems to keep your data safe. Our privacy policy is based on these seven basic principles:

1. We always comply with our Privacy Policy and all applicable laws.
2. We will only use and disclose your Personal Health Information, which includes your Health Assessment and screening results, in compliance with the HIPAA Privacy Rule and all applicable laws.
3. We will only disclose your Personal Health Information to organizations that assist us in providing our services to you and only if they have agreed to protect your information in compliance with our Privacy Policy, the HIPAA Privacy & Security Rules, and all applicable laws.
4. Your information will **never** be sold or given to a third party for marketing purposes.
5. Your personalized programs and information are available to you through a secure, password-protected website.
6. We will provide information (but not Personal Health Information) to allow your employer to administer the program (e.g., pay incentives to you).
7. We will not disclose your Protected Health Information to your employer except with your consent or as required by law, and your employer may not use your Personal Health Information for any employment related purposes.

Want to know more? Feel free to read the full Privacy Policy statement on RedBrickHealth.com.

First name _____

Last name _____

Birth date / / Last 4 digits of social security number

Employer D T E E N E R G Y _____

Email _____

Phone _____

Health Care Provider — Please complete the following information

Your patient is involved in an 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 this form back to your patient.

If your patient's results are outside the ranges listed on the cover page, but are healthy for this individual, initial the box to the left of the metric.

Date of Screening / /

Height feet inches

HDL mg/dL

Weight pounds

LDL mg/dL

Triglycerides mm/dL

BMI¹
(Body Mass Index) .

TC/HDL Ratio .

Blood Pressure² / mmHg

Glucose . mg/dL

↑
Only one is required

Total Cholesterol³ mg/dL

HbA1C . %

Tobacco Yes No

Patient fasted for at least 12 hours? Yes No

1 If body mass index is 30 or above, but is a healthy level for this individual, check this box:

2 If blood pressure is 120/80 mmHg or above, but is a healthy level for this individual, check this box:

3 If total cholesterol is 200 mg/dL or above, but is a healthy level for this individual, check this box:

Health care provider name and signature: _____

Health care provider phone: _____

Please send this form to RedBrick Health

Please allow seven to ten business days for processing before results will appear on your personalized RedBrick Health website.

RedBrick Health **Fax: 855-776-5520**
 PO Box 2260
 Minneapolis, MN 55402-0260 **E-mail: healthscreen@redbrickhealth.com**

