



## PHYSICIAN WELLNESS SCREENING

New Castle County's wellness program provides quick and easy opportunities to improve your long-term wellness while earning incentives. You are pre-approved to participate in a wellness screening through your physician. Please complete the following steps to ensure your screening results are received and approved by September 30<sup>th</sup>, 2021.

Exams will be accepted from 10/01/2020 – 09/30/2021

### How do I schedule?

- Contact your Healthcare Provider and schedule an annual wellness appointment.

### What should I bring to my appointment?

- Download the "Physician Wellness Screening" form from your [www.myhealthcheck360.com](http://www.myhealthcheck360.com) account.
  - Complete the "Participant" section before your appointment.
  - You must sign your results form. Your results will not be processed without your signature.
- Healthcare Provider instructions (included on the back of this form).

### How should I prepare for my screening?

- Fast 8-12 hours before your appointment.
  - Speak with your physician if you have concerns about fasting.
- Drink plenty of water.
- Continue taking any prescribed medications.
- Avoid strenuous activity.

### How do I submit my Physician Wellness Screening Form?

- Log in to [www.myhealthcheck360.com](http://www.myhealthcheck360.com).
- Go to "My Program" tab and select "Physician Form".
- Fill in all required fields and upload a copy of your form.
- Once submitted, you will receive a notification that results are under review.
- Employees and spouses must complete separate forms and submit them through their separate myHealthCheck360 accounts.

### When can I review my results?

- Your results are available within 10 business days after they are received on myHealthCheck360. If your results are not available within 10 business days, please confirm that all required fields were included.

If you have any questions about your results or next steps, contact HealthCheck360 at 1-866-511-0360 or [support@healthcheck360.com](mailto:support@healthcheck360.com).

## PLEASE PROVIDE YOUR PHYSICIAN THE FOLLOWING INSTRUCTIONS:

### ATTENTION HEALTH CARE PROVIDER:

Your patient is a participant in a health and wellness program sponsored through their employer. Please return the attached “Physician Wellness Screening” form to your patient as soon as results are processed.

### PLEASE COMPLETE THE FOLLOWING:

- Ensure the patient has completed and signed the participant section on the results form.
- Collect the biometric measurements, blood specimen and complete the remaining sections of the results consent form by following the instructions below.
- Return the completed form to your patient.
- If a spouse form is being completed at the same time, keep the forms separate. We are unable to process multiple forms.
- Please ensure services are coded as preventative, not diagnostic.
- Submit invoices to the address on the patient’s Health Insurance Card.

### PLEASE USE THE GUIDELINES BELOW WHEN COLLECTING MEASUREMENTS:

- **Height:** Perform the height measurement using a sliding height measuring stick. Have the patient remove their shoes and record to the nearest ¼ inch. Self-reported heights are not acceptable.
- **Weight:** Perform a weight measurement using a professional grade scale with a minimum capacity of 400 pounds. Have the patient remove their shoes and record. Do not make any adjustments for clothes.
- **Waist:** Use a soft tape measure. For waist measurement, place the tape measure at the navel. Record to the nearest ¼ inch.
- **Neck:** Use a soft tape measure. Measure below the Adams Apple on Males & inferior to Larynx on Females. Record to the nearest ¼ inch.
- **Blood Pressure:** Perform using a standard sphygmomanometer, cuff size as appropriate. If the initial reading exceeds 120/80, retake on opposite arm and document result in 2nd BP field.

### HealthCheck360 Contact Information:

Email: [Support@HealthCheck360.com](mailto:Support@HealthCheck360.com)

Phone: 866-511-0360

Fax: 563-587-5720

