

## *ParTNers for Health*

### Options for Obtaining Your Physician Screening Form



ABC Calls · January 2013

# 2013 Partnership Promise: Physician Screening Forms

## Who needs to order and complete a Physician Screening Form?

### “At-Risk” Employees and Covered Spouses

- Employees and covered spouses enrolled in the Partnership PPO identified as “at risk” and notified by Healthways must complete a health screening at his/her health care provider’s office by July 15, 2013 and submit the completed Physician Screening Form to Onsite Health Diagnostics (OHD).
- Members may use screening results from a doctor's visit between July 15, 2012 and July 15, 2013.

### All 2013 New Hires and Their Covered Spouses as well as Newly Covered Members

- All new hires and their covered spouses as well as newly covered members must complete a health screening at his/her health care provider’s office.
- New hires and their covered spouses as well as newly covered members may use screening results from a doctor’s visit within the last 12 months.
- The Physician Screening Form should be completed and submitted to Onsite Health Diagnostics (OHD) within 120 days of your insurance coverage effective date.

# **Download & Print the Physician Screening Form**

# Download the Physician Screening Form Online

The screenshot shows the website for PARTNERS FOR HEALTH, State of Tennessee Group Insurance Program. The navigation menu includes Home, Health Options, Other Benefits, Enrollment, Premiums, Q&A and Definitions, Wellness, and Contact Us. A blue callout box with white text says: "Go to [www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov) and click on the Physician Screening Form link in the Quick Links box." The Quick Links box is yellow and contains three links: "Setting up Your New Well-Being Account and Completing the Well-Being Assessment", "Covered Preventive Services", and "Physician Screening Form". Other sections visible include "2013 Partnership Promise" and "What Are You Ready For?".

**PARTNERS FOR HEALTH**  
State of Tennessee Group Insurance Program

Change Text Size  [Search this Site](#)

Home Health Options Other Benefits Enrollment Premiums Q&A and Definitions Wellness Contact Us

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**Ready**

The ParTNers for Health Wellness Program can help you take the first step. Watch this video to learn more. Visit the Wellness tab at the top of the page for more resources.

**2013 Partnership Promise**

Everyone enrolled in the Partnership PPO must take action in 2013!

[Read more »](#)

[Frequently Asked Questions »](#)

**Quick Links**

- [Setting up Your New Well-Being Account and Completing the Well-Being Assessment](#)
- [Covered Preventive Services](#)
- [Physician Screening Form](#)

**PARTNERSHIP PROMISE**

# Physician Screening Form: Email Option



**ONSITE HEALTH DIAGNOSTICS**  
Employee Health Intelligence

Scheduler

Welcome Logout

[Reserve Timeslot](#) [Feedback](#)

## Enter the following information:

- Your Preferred Email Address
- Your Date of Birth
- Your Member ID (found on your Caremark card)
  - If you are the spouse of the Head of Contract, enter the Head of Contract's Member ID followed by the letter "s". For example - 1234567s.

Click the "Verify" button



download the Physician Screening Form to complete your biometric screening  
ve been identified by Healthways as "at risk" or if you are a new employee.

### Order Physician Screening Form

Enter your home or work e-mail address. Then enter the requested information and click "Order Physician Screening Form".

*\*Physician Screening Forms with a Physician Signature date on or after 7/15/2012 and on or before 7/15/2013 will be accepted.*

Email Address:

*Please enter the information below to verify your identity.*

Birthdate:    \*

*Please enter your ID number below for verification (see instructions).*

Id:  \*

*\* Denotes Required Field*

Verify

2. Then provide your date of birth and Edison ID

Your Edison ID can be located on your Caremark card. If you are

# Physician Screening Form: Email Option

## Instructions



You have chosen the Physician Screening Form option because either:  
You have  
on getting

Follow the  
physician

Register

1.

2.

3.

4.

Screening

You will  
physician

Your personal information will automatically appear on the screen.

Verify your email address and personal information.

Click the "Order Physician Screening Form" Button

## Order Physician Screening Form

Enter your home or work e-mail address. Then enter the requested information and click "Order Physician Screening Form".

*\*Physician Screening forms with visit completion date of 7/15/2013 or before will be accepted through 7/15/2013. Faxes received after 7/15/2013 will not be accepted.*

Email Address:

Verify Email Address:

First Name:

Middle Initial:

Last Name:

Gender:

Phone:

Street Address:

City:

State:

Zip:

*Please enter the information below to verify your identity.*

Birthdate:

*Please enter your ID number below for verification (see instructions).*

Id:

Comments/Information for the screeners:

*\* Denotes Required Field*

# Physician Screening Form: Email Option

The screenshot shows the 'Scheduler' interface for Onsite Health Diagnostics. The header includes the company logo and name, 'Employee Health Intelligence', and the word 'Scheduler'. There are links for 'Reserve Timeslot' and 'Feedback'. A 'Confirmation' section contains the following details:

Name:	KELLY HARBACHECK	Username / Email:	kellyahstest@yahoo.com
Date / Time:		Company / Site:	State of Tennessee / Primary Care Physician
Medical Record Number:	14984-10017	Notes:	
Receive Notification Emails	<input checked="" type="checkbox"/>		

Thank you for choosing Onsite Health Diagnostics for your upcoming health screening!  
An email has been sent to you that includes your pre-screening forms and documents. You may also download a copy of your documents bundled into a single ZIP file by clicking on the link below.  
**Please download and print your Physician Pre-Screening Documents and take them with you to your screening.**  
The file you download is a ZIP file and can be opened with an appropriate Zip Compression Utility, such as: WinZip.

When this screen is displayed, the Physician Form and Instruction page have been emailed to the email address you provided. The form will be pre-filled with the member's information.

Members must take the form to their physician for completion. The completed form should be faxed back to Onsite Health Diagnostics (OHD) at 877-366-7483 or mailed to OHD, 7801 Mesquite Bend, Suite 106, Irving, Texas, 75063.

# Physician Screening Form: Download & Print Option

If you do not have an email address, you can download and print the Physician Screening Form:

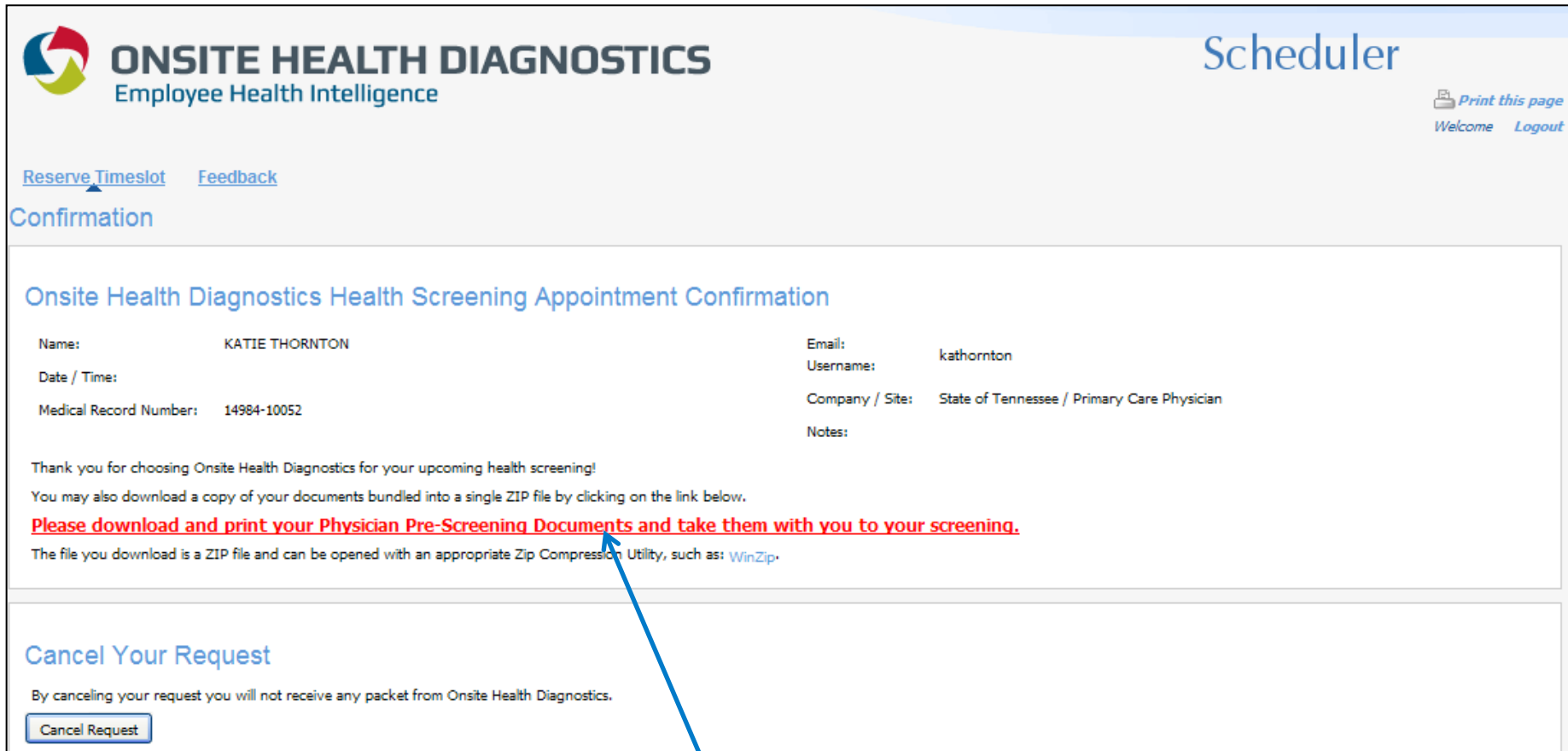
- Check the “No Email” box
- Enter the following information:
  - Your Date of Birth
  - Your Member ID (found on your Caremark card)
    - If you are the spouse of the Head of Contract, enter the Head of Contract's Member ID followed by the letter "s". For example - 1234567s.

Click the “Verify” button

The screenshot shows the Healthways Scheduler interface. At the top right, it says "Scheduler" with "Welcome" and "Logout" links. The main heading is "HEALTHWAYS". Below this, there is a section titled "Order Physician Screening Form". The instructions read: "Enter your home or work e-mail address. Then enter the requested information and click 'Order Physician Screening Form'." A note states: "\*Physician Screening Forms with a Physician Signature date on or after 7/15/2012 and on or before 7/15/2013 will be accepted." There is a checked checkbox for "No Email". Below this, it asks to "Please enter the information below to verify your identity." with fields for "Birthdate:" (Month, Day, Year) and "Id:". A "Verify" button is at the bottom. A blue callout box on the left contains instructions for users without email addresses and points to the "No Email" checkbox and the "Verify" button.



# Physician Screening Form: Download & Print Option



**ONSITE HEALTH DIAGNOSTICS**  
Employee Health Intelligence

Scheduler

[Reserve Timeslot](#) [Feedback](#)

[Print this page](#)  
[Welcome](#) [Logout](#)

### Confirmation

#### Onsite Health Diagnostics Health Screening Appointment Confirmation

Name:	KATIE THORNTON	Email:	kathornton
Date / Time:		Username:	kathornton
Medical Record Number:	14984-10052	Company / Site:	State of Tennessee / Primary Care Physician
		Notes:	

Thank you for choosing Onsite Health Diagnostics for your upcoming health screening!

You may also download a copy of your documents bundled into a single ZIP file by clicking on the link below.

**Please download and print your Physician Pre-Screening Documents and take them with you to your screening.**

The file you download is a ZIP file and can be opened with an appropriate Zip Compression Utility, such as: [WinZip](#).

### Cancel Your Request

By canceling your request you will not receive any packet from Onsite Health Diagnostics.

You must click on the download link, "Please download and print your Physician Screening Documents and take them to your screening."

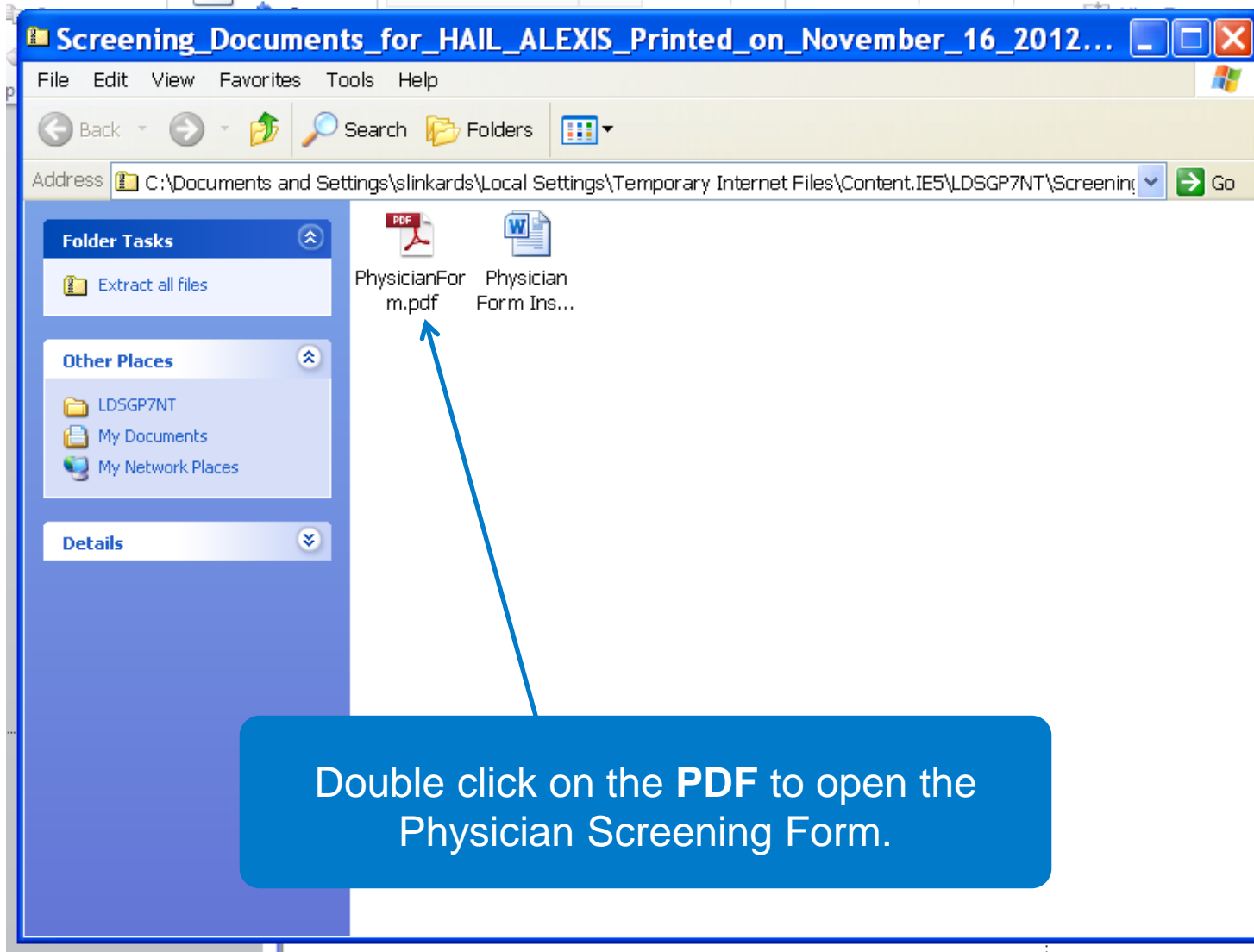
# Physician Screening Form: Download & Print Option

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying <https://www.onsitehd.com/scheduler/exportPreScreeningPackage.action?id=1354241183760-3012d6ee-4>. A 'File Download' dialog box is open in the center, asking 'Do you want to open or save this file?'. The dialog box contains the following information:

- Name: ...CKLIN\_JOHN\_Printed\_on\_November\_29\_2012.zip
- Type: Compressed (zipped) Folder
- From: [www.onsitehd.com](http://www.onsitehd.com)

Below the information, there are three buttons: 'Open', 'Save', and 'Cancel'. A blue arrow points from a blue callout box at the bottom to the 'Open' button. The callout box contains the text: 'Click "Open" to run the download process'.

# Physician Screening Form: Download & Print Option



# Physician Screening Form: Download & Print Option

**PhysicianForm.pdf - Adobe Reader**

File Edit View Window Help

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**PRIMARY CARE PHYSICIAN BIOMETRIC SCREENING FORM** ONSITE HEALTH DIAGNOSTICS  
Employee Health Intelligence

Employee/Member ID: 31060 MRN: 14984 - 10052

UPPERCASE ONLY and stay within the lines

First Name: KATIE Middle Initial: [ ]

Last Name: THORNTON

Email Address: [ ]

Street Address: 1982 BELTLINE

City: DALLAS State: TX Zip Code: 75248

DOB (MM/DD/YYYY): 04/07/1983 Phone: 214-555-1907 Gender:  Male  Female

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC on behalf of Healthways results from a blood draw and laboratory analysis performed by my physician within the past weeks (12) months for the tests listed below. I agree to execute any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include total cholesterol and components and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with employer. I understand that my employer or benefits provider may from time to time offer unrelated other health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Other Health/Wellness Program providers so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other Health/Wellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other Health/Wellness Program providers sponsored by my employer or benefits provider. I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

Verify your information on the form. Print the form.

Members must take the form to their physician for completion.  
The completed form should be faxed back to  
Onsite Health Diagnostics (OHD) at 877-366-7483 or  
mailed to OHD, 7801 Mesquite Bend, Suite 106, Irving, Texas, 75063.

# **Call to Order the Physician Screening Form**

# Order the Physician Screening Form via Phone

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**Call 1.888.741.3390 to have a Physician Screening Form emailed or mailed to you.**

- Members must take the form to their physician for completion.
- The completed form should be faxed back to Onsite Health Diagnostics (OHD) at 877-366-7483 **or** mailed to OHD, 7801 Mesquite Bend, Suite 106, Irving, Texas, 75063.

**\*\*Members without an email address cannot order a physician form after June 30, 2013, as the form must be mailed and will not arrive at the member's home until after the July 15, 2013 deadline.**