



2014 Adult Annual Physical and Biometric Results Verification Form (12/1/2013 – 11/30/2014)



Dear Health Care Provider:

Your patient's employer sponsors a wellness program that provides financial incentives for completing an annual physical and obtaining specified biometric results. For your patient to earn these incentives, you must complete and submit this form.

If you have any questions, please contact MyCNOBenefits at CNOBenefits@onesourcevirtual.com or (844) 426-6236. Thank you for your assistance.

****Note: Hemoglobin A1c tests (CPT 83036 or 83037) and LDL direct tests (CPT 83721) or a fasting lipid panel (CPT 80061) are acceptable test for the biometric screening results as listed in the section below.**

Section 1: Patient Information (Completed by the Patient, Please Print)			
Patient Name:		Patient Date of Birth:	
Employee Name:	Employee ID:	Employee Date of Birth:	
Section 2: Biometric Results (Completed in its entirety by the Physician)			
Blood tests should be submitted to a Quest Lab, Mid America Labs, or LabCorp facility for the highest discounts on laboratory services.			
Patient Fasted for at Least 12 hours Prior to Test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date of Preventive Care Exam:	
Screening Tests and Results			
NOTE: ALL RESULTS IN THE UNSHADED FIELDS BELOW MAY BE USED TO EARN CNO WELLNESS INCENTIVES. SHADED FIELDS ARE OPTIONAL.			
Height: ____ ft ____ in	Weight (in pounds): _____ lbs	Body Mass Index (BMI)*: _____ Healthy BMI: 18.5-24.9	Although this result is outside the healthy range, I attest that this individual's BMI is within a range that's healthy for him/her (initial here): _____
Blood Pressure (BP)*: ____ / ____ mm HG Healthy BP: <120/<80	Although this result is outside the healthy range, I attest that this individual's BP is with a range that is healthy for him/her (initial here): _____		
Hemoglobin A1c*: _____ mg/dL Healthy A1c: ≤ 6.5	Although this result is outside the healthy range, I attest that this individual's A1c is within a range that's healthy for him/her (initial here): _____	Total Cholesterol (TC): _____ mg/dL Healthy TC: <200	HDL Cholesterol: _____ mg/dL Healthy HDL: ≥40
LDL Cholesterol*: _____ mg/dL Healthy LDL: ≤130	Although this result is outside the healthy range, I attest that this individual's LDL is within a range that's healthy for him/her (initial here): _____	TC/HDL Ratio: _____ Healthy Ratio: <4.6	Triglycerides: _____ mg/dL Healthy Triglycerides: <150
For your patient to remain eligible for the financial incentive, even if his/her biometric result(s) is not within the range specified on this form:			
<ul style="list-style-type: none"> You may attest that the patient's biometric result(s) is healthy for him/her by initialing where applicable above. If your patient's biometric result(s) is not healthy for him/her, your patient may choose to satisfy a reasonable alternative standard (RAS) as a means to attain the financial incentive. To do so, your patient must contact OurHealth at (866) 434-3255 or cno@ourhealth.org, and a representative will work with you to find an alternative means of attaining the award that is right for the patient in light of his/her health status. 			
Exam Verification (Completed in its entirety by the Physician)			
<input type="checkbox"/> I affirm that the above is true and correct to the best of my knowledge.			
Health Care Provider Name (printed):		Health Care Provider License #:	
Health Care Provider Signature:		Date Signed:	



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Please fax, email, or mail this completed form to OurHealth, c/o OurClinics@CNO by no later than November 30, 2014.

Note: This form is for adults age 18 and older. This form must be completed and submitted in order to earn CNO wellness incentives for annual physicals and biometrics (unless completed at OurClinics@CNO).

CNO MEDICAL PLAN PARTICIPANT:
Please review both sides of this form and complete Section 1 (on back) prior to your appointment.

Dear CNO Medical Plan Participant:

To be awarded CNO wellness incentives for completing your annual physical and obtaining healthy biometrics, you must submit this completed form to OurHealth by no later than November 30, 2014.

Only annual physicals and biometric screening results completed between December 1, 2013, and November 30, 2014, may be used to obtain 2014 CNO wellness incentives.

If attaining specified biometric results in any of these activities is unreasonably difficult or medically inadvisable for you due to your health status, you may still be able to earn CNO wellness incentives by different means. Please contact OurHealth at (866) 434-3255 or cno@ourhealth.org, and a representative will work with you and your personal physician to find a reasonable alternative means of attaining the incentives that is right for you in light of your health status.

Preventive Care

You should obtain appropriate preventive care based on your doctor's recommendations and in accordance with recommended standards of care. Please discuss the screenings shown below with your health care provider and be sure to inquire about other recommended screenings. While completion of preventive screenings is strongly recommended, the tests outlined below are not incentive eligible for 2014.

Female	Recommended Frequency*
Pap Smear and Clinical Breast Exam	Ages 21-64, annually
Mammogram	Age 40 and older, annually
Flu Shots	Ages 19-49, as doctor advises; Age 50 and older, annually
Pneumonia Immunization	Age 65 and older, once
Colon Cancer Screening	Age 50 and older, every five years or as doctor advises
Bone Density Test	Age 65 and older, once

Male	Recommended Frequency*
Flu shots	Ages 19-49, as doctor advises; Age 50 and older, annually
Pneumonia Immunization	Age 65 and older, once
Colon Cancer Screening	Age 50 and older, every five years or as doctor advises
Prostate Cancer Screening (PSA)	Age 50 and older, annually; at any age for those with risk factors

* The frequency recommended here is based on U.S. Preventative Service Task Force (USPSTF) guidelines.