

eHealthScreenings
A Premise Health® company



SCREENINGS MADE SIMPLE

How It Works

The physician screening option is open for registration. You can use the pre-populated marketing flyer to start advertising the program to your participants.

THE SCREENING PROCESS: Physician Screening

- As participants register online, they will receive an email with their pre-populated Physician Screening Form and a set of instructions to complete their screening. Participants will be responsible for any regular co-pays and deductibles that apply to their physician visit, including lab fees. Sample of participant's email and form below.
- Once a participant is registered, they will take the Physician Screening Form to their physician. The form must be filled out completely.
- For this screening, a nine-hour fast prior to specimen collection is required. Water is permitted and encouraged. Keeping hydrated helps with the collection. This screening requires a blood sample and biometric measurements.
- Completed Physician Screening Forms and supporting official laboratory forms (a copy of results) can be uploaded into a participant's health screening portal or emailed by the participant or physician to: ehs.physicianscreening@ehealthscreenings.com.
- Within 5 days of submission, the participant will receive an email notification of:
 - Receipt of complete paperwork, or
 - Notification of incomplete paperwork and a description of what requirements are missing.
- If a participant does not receive an email or see results online within 5 business days of submission, then we did not receive their paperwork. Please have the participant contact eHealthScreenings Customer Support at 888-708-8807 Ext. 1 with any questions.

NTU03Test3_NTU03test3_PhysicianScreening.pdf
437 KB

Action Items

Thank you for selecting the option to submit physician lab results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit.** Attached completed and submitted, along with your lab results, by the deadline below.

Criteria and Instructions:

- The required fasting laboratory tests include: **Lipid Panel and Fasting Glucose.**
- The required biometrics include: **Blood Pressure, Height, and Weight.**
- The blood sample must be drawn by **venipuncture**. Urine tests, mouth swabs, and fingersticks will not be accepted.
- Blood results must be provided on the attached Physician Screening Form (a physician's letter will not suffice).
- All of the information included on the attached Physician Screening Form is required. Any missing information will prevent your results from being entered and will disqualify you from the wellness program.
- Do not provide a copy of this form to other participants. Each participant must request their own form.
- Tests should be administered no earlier than: **1/1/19** and no later than: **5/31/19**.
- Screening results must be received by eHealthScreenings no later than: **5/31/19**.
- Completed Physician Screening Form can be uploaded in your health screening portal. Go to My Appointments and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com.

If you have any questions or to confirm receipt, please contact eHealthScreenings by email at help@ehealthscreenings.com or by phone at 1-888-708-8807.

If you do not receive an email or see your results online within 3 business days of submission then we did not receive your forms. Please contact eHealthScreenings Customer Support at 888-708-8807.

Thank you,
EHS Customer Service Team

Physician Screening Email

Physician
Screening Form

eHealthScreenings A Premise Health® company		Physician Screening Form Screening Key: XXXX	
Screening Name Company Health Screenings			
Criteria and Instructions The following testing criteria must be met for the participant to be eligible for the wellness program incentive. 1. The required fasting laboratory tests include: Lipid Panel and Fasting Glucose. 2. The required biometrics include: Blood Pressure, Height, Weight and Waist Circumference. 3. The blood sample must be drawn by venipuncture . Urine tests, mouth swabs, and finger sticks will not be accepted. 4. Blood results must be provided on this form and supported by a copy of your official lab results which includes your name, DOB, test results and test date for verification (a physician's letter will not suffice). 5. All information included on this form is required. Any missing information will prevent your results from being entered and will disqualify you from participating in the wellness program. 6. Do not provide a copy of this form to other participants. Each participant must request their own form. 7. Tests should be administered no earlier than: DATE and no later than: DATE . 8. Screening results must be received by eHealthScreenings no later than: DATE . 9. Completed Physician Screening Form and supporting official laboratory form (a copy of your results) can be uploaded to your health screening portal. Go to Step 2 and select Upload Form. Alternatively, documentation can be emailed to ehs.physicianscreening@ehealthscreenings.com .			
Section A Participant Information (participant to complete)			
First Name:	Last Name:		
Sex:	DOB (mm/dd/yyyy):		/ /
Phone:	Email:		
Participant Signature:		Date:	
Section B Physician and/or Testing Facility Information (physician / nurse to complete)			
Physician & Practice / Facility Name:			
Address:		Phone #:	
National Provider ID # or CLIA certification #:		Test Date (required): / /	
Physician Signature:		Date:	
Section C Biometric Test Results and Fasting Status (physician to complete)			
Blood Pressure	Diastolic	Body Measurements	Fasting Status
Systolic (mmHg)	(mmHg)	Height (inches)	Weight (pounds)
		Weight (pounds)	Waist (inches)
			<input type="checkbox"/> Yes, I fasted 8 or more hours
			<input type="checkbox"/> No, I did not fast 8 or more hours
Section D Lab Test Results (participant must fill in and submit both this form and lab report by the deadline)			
Blood Testing Results			
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	Triglycerides (mg/dL)	Glucose (mg/dL)
			LDL Cholesterol (mg/dL)
Please contact eHealthScreenings with any questions email us at help@ehealthscreenings.com or call (888) 708-8807. Fax (210) 767-2245.			
			Lab Report Must Be Attached