



Ready to Reach Your True Potential?

Harrison Senior Living
2022 Physician Screening Guide





WHAT IS THE WELLBEING ASSESSMENT? It's a two-part review of your current overall wellbeing. It includes a simple **biometric screening** that is done at an outside lab or with your personal physician. Screenings check your blood pressure and 37 different components of your blood, including cholesterol, blood sugar, kidney, liver and other functions, to give you a complete view of your physical wellbeing. There's also an online **Health & Lifestyle Survey** that asks questions about the physical, emotional, social and financial aspects of your life and what your lifestyle choices mean to your current state of wellbeing.



All full-time employees on the company's benefit plan and/or are planning to enroll during Open enrollment 2023 are eligible to participate in the wellbeing assessment at **NO COST!** Visit a local LabCorp facility before September 30th, 2022 to complete your screening!



All employees who participate in the wellbeing assessment will be eligible for a premium differential!

Screening Dates

Visit your Physician and submit your test results by
September 30th, 2022

To register for the screening, go to app.chcw.com.

New Members

1. Enter your program code **5550Har188** in the "New Participants" box and select "Register."
2. Follow the prompts to register for the physician screening and complete the Health & Lifestyle Survey.
3. To complete your screening, take the back form of this guide to your physician and have them fill it out.
4. Upload your results to your CHC portal by selecting "Upload Your Results" on the "Complete the Health Screening" card on your Wellbeing Journey page or fax your results to CHC at 847-437-2775.

Returning Members

1. Enter your username & password in the "Individual Login" box and select "Log in."
2. Enter in program code **5550Har188** in the pop-up.
3. Complete the cards on your Wellbeing Journey page to successfully register for the screening.
4. To complete your screening, take the back form of this guide to your physician and have them fill it out.
5. Upload your results to your CHC portal by selecting "Upload Your Results" on the "Complete the Health Screening" card on your Wellbeing Journey page or fax your results to CHC at 847-437-2775.



You're successfully signed up for the screening!

If you need help, call 866-373-4242 to sign up for the screening over the phone.



This is a fasting test! For the most precise results, you should fast 10-12 hours before testing. You cannot eat but may drink black coffee or tea (no cream or sugar). If you are on prescription medication, please take your medication as instructed by your physician. If you are diabetic or hypoglycemic, consult your physician for fasting instructions. Be sure to drink plenty of water.

Got Questions?

We Have Answers!



What type of appointment should I make with my physician?

'Preventive care' and 'diagnostic care' are two ways your health care provider can help you stay healthy. It is important to understand what type of service you are receiving from your health care provider as billing can vary based on how the service is defined. In many cases, preventive care is available at no cost to members whereas copayments, coinsurance, and deductibles may apply to diagnostic care.

Preventive care aims to evaluate your health and promotes disease prevention. Diagnostic care focuses on investigating health issues or treatment of symptoms, risk factors, etc.

Occasionally, a preventive care visit can turn into a diagnostic visit and you will be billed as such. Common examples include:

- Patient brings up health concerns that need further evaluation
- Health care provider observes a health risk during the visit and carries out a consultation/discussion or exam
- Health care provider conducts diagnostic exam for a preexisting condition

If your health care provider recommends a test or certain treatment, feel free to ask how it will be billed. You may also contact your health insurance carrier for detailed information on coverage.



What data should I have ready when completing the Health & Lifestyle Survey?

When completing the Health & Lifestyle Survey online or at the screening, you will be asked to submit your height, weight, and waist measurements. If you are unsure of your waist measurement, use a measuring tape to measure your waist's circumference, which is slightly above your belly button.



How do I update my onsite appointment or access the forms for a LabCorp or Physician screening?

Select the 'Complete Your Screening' card on your journey page to update your appointment time/location or access the forms needed for a LabCorp or Physician screening.

NOTE: You must complete your health & lifestyle survey first in order to access your forms.



Is the wellbeing assessment confidential?

All of your results are confidential and protected by federal law. CHC does NOT send your individual health data to your employer or insurance provider. Your employer will only view de-identified, aggregated health data from wellness participants. In addition, CHC will not, under any circumstances, sell or rent your health data to any outside third party. To learn more about how your health data is protected, go to **hhs.gov/hipaa**.



When will my results be available? You will have access to your results and other health information online at app.chcw.com within 3-5 days after your screening.

Wellbeing Screening Results- Physician Form
Gilroy Kernan & Gilroy



Dear Physician,

Your patient is participating in a voluntary health risk appraisal (including biometric screening) provided through their employer (or spouse's employer). This program is designed to educate, encourage and enable your patient to adopt and maintain behaviors related to a healthy lifestyle. As a portion of this program, your patient has been asked to visit their personal physician to complete a full biometric screening panel including a CMP, CBC and Lipid panel. Please see the following sections of this document for the patient attributes required for this program. Please note that all personal health information collected through this program shall remain confidential and not be shared with anyone, including the sponsoring employer. The employer will only be told the patients incentive level in order to provide the incentive tied to the patient's health status. The employer will never be provided with a patient's specific health information.

Please ensure that you provide all data in the "REQUIRED INFORMATION" Sections 1 & 2. The biometric information requested in Section 3 is strongly recommended since your patient will be able to trend these biometric factors over time on their personal health portal that is provided as a part of this program.

Physician Verification

I hereby certify that the patient, listed below, is under my care and that the biometric information provided below is up to date and accurate.

Patient Information

Full name (please print):		Last 4 of SSN:	
Phone Number:		Company Name:	
Date of Birth (mm/dd/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 1: Patient attributes (REQUIRED INFORMATION)

Weight:	_____lbs.	Waist Circumference:	_____inches
Height:	_____feet _____inches	Blood Pressure:	(Sys.) _____/(Dia.) _____

Section 2: Patient attributes (REQUIRED INFORMATION)

Test:	Results:	Test:	Results:
Glucose	_____ mg/dL	Triglycerides	_____ mg/dL
Cholesterol, Total	_____ mg/dL	HDL Cholesterol	_____ mg/dL
		LDL Cholesterol	_____ mg/dL

Section 3: Patient attributes (STRONGLY RECOMMENDED*)

Test:	Results:	Test:	Results:
*Uric Acid	_____ mg/dL	*Blood Urea Nitrogen (BUN)	_____ mg/dL
*Creatinine	_____ mg/dL	*BUN/Creatinine Ratio	_____
*Protein, Total	_____ g/dL	*Albumin	_____ g/dL
*Bilirubin, Total	_____ mg/dL	*Bilirubin, Direct	_____ mg/dL
*Alkaline Phosphatase	_____ IU/L	*AST (SGOT)	_____ IU/L
*ALT (SGPT)	_____ IU/L	*Iron	_____ ug/dL
*Hemoglobin	_____ g/dL	*Hematocrit	_____ %
Sodium	_____ mmol/L	GGT	_____ IU/L
Potassium	_____ mmol/L	Total Cholesterol/HDL Ratio	_____
Chloride	_____ mmol/L	WBC	_____ x10E3/uL
Carbon Dioxide	_____ mmol/L	RBC	_____ x10E3/uL
Calcium	_____ mg/dL	MCV	_____ fL
Phosphorus	_____ mg/dL	MCH	_____ pg
Globulin	_____ g/dL	MCHC	_____ g/dL
Albumin/Globulin Ratio	_____	RDW	_____ %
LDH	_____ IU/L	Platelets	_____ x10E3/uL

Physician Information & Signature

Physician Name (printed):			
Physician's Signature:		Date:	
Physician's Work Phone:			
Physician's TIN #:			
Date of Lab work:			

Physician Comments (optional)

Please use the space below to make any additional comments.

[Physician Instructions:](#) Fax the completed form to CHC Wellbeing at 847-437-2775 by September 30th, 2022.

[Participant Instructions:](#) Upload the completed form on app.chcw.com by clicking the “Upload My Results” button.