

Physician Verification Form

County of Ottawa 2013 Health Management program

Participant information

Participant name: _____ Check one: Employee Spouse

Date of birth: _____ Priority Health contract ID#: 947 _____ - _____

Home address: _____ City: _____ State: _____ Zip: _____

My values (check which values that were above program thresholds at the 2013 onsite screening):

BMI Cholesterol BP Fasting blood glucose

2013 onsite biometric screening thresholds:

BMI \leq 28; or

Males: >28 w/waist measure ≤ 40 inches

Females: >28 w/waist measure ≤ 35 inches

Cholesterol \leq 200; or

201-240 with an HDL >60 , LDL <130 and triglycerides <150

Blood pressure \leq 140/90

Fasting blood glucose \leq 100

TIP: Your biometric values can be found on the results brochure you received at your biometric screening

“Work Your Numbers” is a worksite Health Management Program that includes an **onsite biometric screening** component. Participants may submit this verification form when:

- 2 or more biometric values fall above the program thresholds, with no improvement since the 2012 onsite screening; and
- They are actively working with a physician to decrease above-threshold values.

This completed form must be received by Priority Health Wellness **by July 31, 2013**.

Physician approval

By signing this form, I certify that the above patient is actively working a plan designed to decrease one or more of the following biometric values:

BMI Cholesterol Blood pressure Fasting glucose

Physician name (print): _____

Physician signature: _____ Date: _____

Fax completed form to Priority Health Wellness by July 31, 2013 at (616) 942-7283.

If you have questions, please contact Priority Health Customer Service at 877-689-3161, Monday-Friday 8:30am – 5:00pm.

This form is for informational purposes only. The information contained within this form is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you have regarding a medical condition. Do not disregard professional medical advice or delay in seeking it because of something you have read on this form.