WELL WISCONSIN
Healthier starts with you

WebMD health services

Complete this form using results from your most recent health care provider visit to earn credit for the 2021 Well Wisconsin Program. **The form must be submitted by October 8, 2021.** For the Health Check, you may choose to complete an on-site biometric screening, home test kit, coaching session or dental cleaning instead of submitting this form. Log onto webmdhealth.com/wellwisconsin to learn more.

Step 1: Enter your name and date of birth.

Step 2: Enter the screening values from your most recent health care provider visit.

Step 3: Review the consent language, sign and date.

Required values include

- Height
- Weight
- Blood Pressure

Additional values:

Depending on your age and risk factors, you may be eligible to receive glucose and cholesterol screenings as a no cost preventive service. Before having these labs completed, check with your health care provider and health insurer.

Out of pocket costs:

Be aware that you will be responsible for copayments, deductibles and/or coinsurance if screening tests are not done for preventive reasons, or if other health issues are discussed during your visit.

Step 4: Submit the form by 10/8/2021

- Securely upload it electronically at: https://www.totalwellnesshealth.com/gravity-landing/wellwi/
- Fax at: 402-939-0604
- Mail it to: TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127

HEALTH CARE PROVIDER FORM – WELL WISCONSIN PROGRAM

Complete Steps 1-4 on this form to verify that you are current on your preventive healthcare. Submit this form by October 8, 2021. Print clearly.

STEP 1: Please note this information must match your health insurance enrollment data

First Name

Last Name

Date of Birth (Month Day Year)

Phone Number

E-mail address

STEP 2: Complete

Disclosure of Information. I understand that the information submitted on this form (my "Personal Information") will be transferred to WebMD by TotalWellness. My Personal Information is used by WebMD to provide wellness program services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by WebMD or by another service contractor. In the event that WebMD's services are transitioned to another service provider, WebMD may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, WebMD may provide my name/unique ID to my employer or its designated representative to notify them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to my employer for program administration purposes. WebMD may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I also understand that my Personal Information may be incorporated into my Health Assessment results by WebMD. Except for these types of usage and the uses specified in my WebMD Online terms of use and Privacy Policy, available under the "Policies" link at the bottom of the following URL (webmdhealth.com/wellwisconsin), my Personal Information will not be disclosed by WebMD. WebMD understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). WebMD will comply with the HIPAA to the extent applicable.

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this screening may be considered information protected under GINA ("GINA Protected Information"). GINA requires that you receive this GINA Notice and Authorization prior to undergoing the screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. Your GINA Protected Information will be disclosed to you and to vendors of the Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged or transferred, except to the extent permitted by law to carry out activities related to the Employer Program. You will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity. You may not be discriminated against in employment because of the GINA Protected Information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Certification: By signing this form, I certify that the information supplied on this form is accurate and has been provided by me or by my physician.

X

Participant Signature Authorizing Disclosure (REQUIRED) **Date**

STEP 3: Complete

PREGNANT ◯ **Yes** ◯ **No**

REQUIRED VALUES

Date of Test

(Month) (Day) (Year)

Blood Pressure

Systolic /

Diastolic

Height (Feet) (Inches)

Weight (lbs)

ADDITIONAL VALUES* (if recommended by your doctor)

Cholesterol

Total Cholesterol

HDL Cholesterol

LDL Cholesterol

Triglycerides

Were you fasting for more than 8 hours prior to this test? ◯ Yes ◯ No

Glucose (Blood Sugar)

Were you fasting for more than 8 hours prior to this test? ◯ Yes ◯ No

*Please note, you may be responsible for out of pocket costs associated with these lab tests.

Health Care Provider Name Health Care Clinic Phone Number

STEP 4: Submit Form by 10/08/2021

Participant may fax this form to 402-939-0604, mail it to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127 or securely upload it electronically at totalwellnesshealth.com/gravity-landing/wellwi/. If you entered your email address, you will receive verification that your form has been received within two business days.