

**SCREENING DEADLINE**  
9/30/16

# 2016 iCare Biometric Screening Form



Must be completed by both covered employee and spouse.

## GENERAL INFORMATION

TO BE COMPLETED BY BOTH EMPLOYEE AND COVERED SPOUSE

Name of Person Being Screened:		DOB:	<b>EMPLOYEE TYPE: (CHECK ONE)</b>
Employee Hire Date:		Last 4 Digits of your SSN:	
Driver Code: (if applicable)	Do you smoke or use tobacco products?		<b>DEFINITION OF SMOKING OR TOBACCO USE</b> <i>Includes regular or occasional smoking, chewing, dipping, cigar, pipe, electronic cigarette, vaping or any other use of tobacco products within the last 90 days.</i>
Primary Phone Number of Person Being Screened:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are a spouse, please print the employee's name here:			

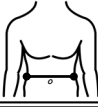
**MEMBER ATTESTATION/AUTHORIZATION:** By submitting this form, I am authorizing my provider to report my laboratory and biometric results to Melton Truck Lines, as part of my employer sponsored health screening. I authorize my Provider to send the requested results to Melton Truck Lines. I understand that any information collected as part of this health screening will be treated as confidential. Individuals who complete their biometric screenings prior to 6/30/16 will be allowed to retest. Screenings received after 6/30/16 will be considered final. Eligible retests received after 6/30/16 will be assessed a \$15 charge. I understand that the Melton Truck Lines wellness team and IMWell Health may contact me in regards to my biometric health screening. These staff members and/or an affiliated coaching service may review this information in order to provide me with assistance in reaching my personal wellness goals and assist me in the iCare enrollment process. I also understand that I may not qualify for all discounts under this program if any field on this form is left blank, completed inaccurately or if I have not met all of the requirements for iCare by the deadline. I understand that falsification of this form will make me subject to penalties. These penalties include, but are not limited to, the tobacco surcharge being retroactively applied, elimination from any and all future wellness incentives and/or possible employee termination.

**SIGN HERE** Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## iCARE BIOMETRIC SCREENING - MUST BE COMPLETED IN FULL

Physician/Screeener Signature or Stamp: <i>(please clearly document all screening data)</i>	Screening Date:
---	-----------------

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

SCREENING	YOUR VALUES	STATUS	HEALTH STANDARDS																
WEIGHT (lbs):			Obesity means having far too much body fat. It's about much more than your clothing size or how you look. It can seriously affect your health. Your whole body feels it, from your joints to your heart, blood pressure, blood sugar, and other systems. The extra fat cells produce inflammation and various hormones, which boosts your odds of chronic medical conditions.	<b>METABOLIC SYNDROME RISK FACTORS</b> Screener: Please check the number of metabolic syndrome METABOLIC SYNDROME <input type="checkbox"/> 0 RISK <input type="checkbox"/> 1 RISK <input type="checkbox"/> 2 RISKS <input type="checkbox"/> 3 RISKS <input type="checkbox"/> 4 RISKS <input type="checkbox"/> 5 RISKS Metabolic Syndrome (METs): ≥3 risk factors Metabolic syndrome is a group of risk factors that dramatically raises risk of heart disease, diabetes, stroke, and other health problems. It is diagnosed when any three of the five risk factors are present. METs Factors denoted with this symbol: <input checked="" type="checkbox"/>															
HEIGHT (in):			If it seems like those odds are stacked against you, remember that it's possible to beat them. The first step is to know where you stand.																
<input checked="" type="checkbox"/> WAIST (in) CIRCUMFERENCE: <small>*measured above the navel</small> iCarePLUS <40♂ / <35♀		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	 <40" Healthy (men) <35" Healthy (women)																
<input checked="" type="checkbox"/> BLOOD PRESSURE: iCarePLUS <130/<85		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>STATUS</th> <th>SYSTOLIC</th> <th>DIASTOLIC</th> </tr> </thead> <tbody> <tr> <td>Healthy</td> <td>≤119</td> <td>≤79</td> </tr> <tr> <td>Prehypertension</td> <td>120-139</td> <td>80-89</td> </tr> <tr> <td>Stage I</td> <td>140-159</td> <td>90-99</td> </tr> <tr> <td>Stage II</td> <td>≥160</td> <td>≥100</td> </tr> </tbody> </table>	STATUS	SYSTOLIC	DIASTOLIC	Healthy	≤119	≤79	Prehypertension	120-139	80-89	Stage I	140-159	90-99	Stage II	≥160	≥100	
STATUS	SYSTOLIC	DIASTOLIC																	
Healthy	≤119	≤79																	
Prehypertension	120-139	80-89																	
Stage I	140-159	90-99																	
Stage II	≥160	≥100																	
TOTAL CHOLESTEROL:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<200 Healthy 200-239 Borderline High >240 High																
LDL CHOLESTEROL:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<130 Healthy 130-160 Borderline High >160 High																
<input checked="" type="checkbox"/> HDL CHOLESTEROL: iCarePLUS ≥40♂ / ≥50♀		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	≥40 Healthy (men)♂ ≥50 Healthy (women)♀																
<input checked="" type="checkbox"/> TRIGLYCERIDES: iCarePLUS <150		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<150 Healthy ≥150 Increased Risk																
<input checked="" type="checkbox"/> FASTING GLUCOSE: iCarePLUS <100		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<100 Healthy 100-125 Borderline Risk >126 Increased Risk																

**SCREENER,  
PLEASE  
ATTACH  
CHOLESTECH  
PRINTOUT  
HERE\***




\*IF USED FOR THIS ASSESSMENT

Please fax completed form to: **918-270-9455** (Melton Benefits Department) -or Email: **benefits@meltontruck.com**

**PLEASE RETAIN A COPY FOR YOUR RECORDS ALONG WITH THE FAX CONFIRMATION, if applicable.  
Completed forms sent to Melton Truck Lines must be received by September 30, 2016.**

# iCare Biometric Screening Locations

The chart below shows testing locations and steps to take for each. You can complete all your tests at a participating Melton Terminal, IMWell or your Primary Care Physician.

Location	Important Steps
 <b>Tulsa, Dallas, Laredo, Masury and Birmingham</b>	<ul style="list-style-type: none"> <li>• Participating terminals: Tulsa, Laredo, Dallas, Masury and Birmingham.</li> <li>• To minimize waiting time, please contact the terminal in advance to schedule your appointment.</li> <li>• Fasting required 12 hours prior to screening (water only).</li> </ul>
	<ul style="list-style-type: none"> <li>• Visit <a href="http://imwhealth.com">imwhealth.com</a> to locate the clinic near you.</li> <li>• The iCare biometric screening form must be fully completed by the physician.</li> <li>• Please fax completed form to: 918-270-9455 or email: <a href="mailto:benefits@meltontruck.com">benefits@meltontruck.com</a></li> <li>• Fasting required 12 hours prior to screening (water only).</li> </ul>
 <b>Primary Care Physician*</b>	<ul style="list-style-type: none"> <li>• Contact your personal Physician to make your individual appointment. If you do not have a personal Physician, please call Compass for a referral: <b>800.513.1667</b></li> <li>• The iCare screening form must be fully completed by your Physician. Please do not send any lab work.</li> <li>• Please fax completed form to: 918-270-9455 or email: <a href="mailto:benefits@meltontruck.com">benefits@meltontruck.com</a></li> <li>• Fasting required 12 hours prior to screening (water only).</li> </ul> <p><b>NOTE:</b> You will be subject to your typical co-pay and any services not covered under your individual insurance plan.</p>

\*Your annual preventive care is covered at 100% if provided by an in-network physician. This means you are not responsible for a copay or coinsurance. Talk to your physician about using one of the following codes to make sure your visit is processed correctly:

- |                             |                                     |
|-----------------------------|-------------------------------------|
| 99385 – New, Ages 18-39     | 99395 – Established, Ages 18-39     |
| 99386 – New, Ages 40-64     | 99396 – Established, Ages 40-64     |
| 99387 – New, Ages 65 & over | 99397 – Established, Ages 65 & over |

## Call Compass for Assistance Scheduling your Biometric Screening:

Let Compass help COORDINATE YOUR PREVENTIVE EXAMS. Establishing and maintaining a relationship with a Primary Care Physician is a simple, effective way to monitor your health and catch simple problems before they become complex and costly down the road.



Our Health Pro® consultants can recommend doctors, schedule appointments, and confirm your benefits for preventive services like: biometric screenings, physicals, colonoscopies, and mammograms.

As a reminder, we can also help you and your family find new doctors, compare prices for prescriptions, review problematic medical bills or simply answer health insurance questions so you can make the most out of your healthcare plan.

**Contact your Health Pro**  
**800.513.1667**  
[answers@compassphs.com](mailto:answers@compassphs.com)