2024 Healthcare Premium Discount Incentive Campaign
Biometric Screening Form

NOTICE TO MEMBER

Please fill out the top portion of this form and take it to your medical provider when you complete your biometric screening. In lieu of a provider signature, you may attach a copy of your verified lab results. This activity **must** occur between September 1, 2023 and August 31, 2024 to count towards the 2024 Healthcare Premium Discount Incentive Campaign activities. **Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO The CITY OF RICHMOND THAT YOU HAVE COMPLETED THE BIOMETRIC SCREENING. We will not disclose the specific results reported on this form and will use the results only to support the health services that we provide to you. You may revoke your consent to this disclosure at any time by sending us a notice in writing. Your revocation will not apply to information already disclosed by Marathon Health pursuant to this form.

PATIENT NAME (Please Print Clearly) | DATE OF BIRTH | TODAY'S DATE

NOTICE TO PROVIDER

Your patient has an opportunity to complete a biometric screening as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening is complete, please fill out this form, sign and date it and return it to the patient. Please fill out this form completely or attach a copy of patient's results.

ANNUAL SCREENING CRITERIA	RESULTS
FASTING	O YES O NO
BODY MASS INDEX (BMI)	Height _____ in. / Weight _____ lbs
WAIST CIRCUMFERENCE	Value: _____ in.
BLOOD PRESSURE	Value: _____ / _____ mmHg
TOTAL CHOLESTEROL	Value: _____ mg/dL
HDL CHOLESTEROL	Value: _____ mg/dL
GLUCOSE OR HEMOGLOBIN A1C	Value: _____mg/dL OR _____ %

Date Tests Administered:

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

DEADLINE:
Please fax or email the completed form or copy of your results to Marathon Health using the information below. You must submit this form no later than **August 31, 2024.**

Marathon Health
Email: Member@marathon-health.com
Fax: 866.422.0915

Marathon Health