

The Management Trust

Physician Screening Form (2020 Plan Year)

The Management Trust and TeamCare want to help you reach your health goals. As part of your Wellness Incentive Program you can reduce your monthly cost for healthcare by completing a physical with blood screening by **September 30, 2019**. Your results are **100% confidential** and will not be shared with your employer.

SECTION I: TO BE COMPLETED BY YOU (PLEASE PRINT)

Name: _____ DOB: _____ Gender: M / F
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN

I have provided the above individual with an "Age Appropriate Physical", and have reviewed his/her current health status and made recommendations where appropriate.

Physician's Name (please print): _____ Date of Exam: _____

Physician's Signature: _____

Physician's Phone: _____ Physician's Fax: _____

SECTION III: BIOMETRIC DATA

Your annual physical must include a biometric screening. Your physician may include your results below or provide them to TeamCare via fax or email. Your results will be stored in the Wellness Portal for reference.

Date of Examination/Blood Work: _____

- * A1C: _____%
- * LDL Cholesterol: _____ mg/dL
- * Blood Pressure: _____ / _____ mm/Hg
- Height: _____ feet _____ inches
- Weight: _____ pounds

* **Required** ■ BMI: _____

IMPORTANT

Results must be dated/completed and submitted during these windows:

- **For current benefits eligible employees:**
8/1/2019-9/30/2019
- **For newly benefits eligible employees:** Within (90) days of your eligibility date, and the company will retro-pay up to (30) days to the 1st of the eligibility month
For example, results received on 8/29 for an 8/1 eligibility date will be retro-paid to 8/1*
*RAS participation may affect this retro period

Incomplete forms will not be accepted. Please return your fully completed form to TeamCare by MAIL, FAX, or EMAIL **NO LATER THAN SEPTEMBER 30, 2019** to be eligible for the Wellness Incentive Program.

➤ **Mail:** TeamCare

7110 Fresno St, Suite 350
Fresno, CA 93720

➤ **Fax:** 559-437-6930

➤ **Email:** teamcare@delapro.com

For questions please contact TeamCare at 866-724-0032