

Physician Screening Results

As a part of Washington County's Wellness Program, employees are asked to receive a physical annually by September 30 at their healthcare provider's office. Please request that your physical includes the results or measurements listed below. Please note: any consultation or lab work outside of the requirements listed below may not be covered as preventative care. This could cause the employee to be responsible for part or all of the additional charges. **Please do not conduct any other exams or tests without first asking the patient.**

Please send completed form to Gallagher Benefit Services, Inc. - contact information is below. Thank you for your help and cooperation with Washington County's preventative wellness efforts in the coming year!

Last Name:	First Name:	Date of Birth:	Sex: ___ Male ___ Female
Home Address:	Email:	Phone Number: Date of Appointment:	Select One: ___ Employee of Washington County ___ Spouse of Employee

Did you conduct a physical exam?	Yes	No	Has this individual been screened for all available annual tests based off of their age, sex, physical appearance, health history, and frequency per the US Preventive Services Task Force grade A&B recommendations? Yes <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
Fasting	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco User	<input type="checkbox"/>	<input type="checkbox"/>	https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

Height (inches):	Waist Circumference:	Glucose: CPT 82947	Blood Pressure:
Weight:	BMI:		Resting Heart Rate:
Total Cholesterol: CPT 60061	HDL Cholesterol: CPT 60061	LDL Cholesterol: CPT 60061	Triglycerides: CPT 60061

***to ensure claims will be processed with no member cost share, please submit above CPT codes with diagnosis code Z00.00 or Z00.01**

Name of Healthcare Provider Sending Results (Clinic and Physician):	
Mailing Address:	Phone Number:
Date Results Sent:	Type of Provider: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP
X _____	

Please return this form to Brian Doyle, Gallagher Benefit Services, Inc. You can fax to the attention of Brian Doyle at 319-366-3636. Please send results within five business days of the individual's appointment.

All results remain confidential. Washington County does not receive personal health information for individuals. All information shared with Washington County is aggregated.