Washington Township Incentive Program
2023 Biometric Screening Form

NOTICE TO PATIENT

Please fill out the top portion of this form and when you complete your biometric health screening. This activity **must** occur between January 1, 2023 and December 31, 2023 to count towards Washington Township's Program activities. **Once completed by your provider, it is YOUR responsibility to submit this form to the contact information below.** BY COMPLETING THIS FORM AND SUBMITTING IT TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO WASHINGTON TOWNSHIP THAT YOU HAVE COMPLETED THE ACTIVITIES DESCRIBED BELOW. 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 verification form.

TODAY'S DATE

PATIENT NAME (Please Print Clearly) | DATE OF BIRTH | EMPLOYEE ID

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.

QUALIFYING PROGRAM ACTIVITY	DATE OF EXAM	PROVIDER INITIALS
ANNUAL PHYSICAL		
ANNUAL HEALTH SCREENING CRITERIA	**DATE TEST ADMINISTERED**	**RESULTS**
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
TOTAL CHOLESTEROL TO HDL RATIO		Value: _____._____
TRIGLYCERIDES		Value: _____ mg/dL
HEMOGLOBIN A1C OR GLUCOSE		Value: _____% or _____ mg/dL
TOBACCO USE O YES O NO		O PREGNANT O POST PARUM Delivery Date ____/____/____

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

DEADLINES: Please upload, fax, email, or mail this form to Marathon Health using the information below. You must submit this form no later than December 31, 2023.

Marathon Health
Phone: 866.434.3255
Fax: 866.422.0915
Email: Member@marathon-health.com

Marathon Health