

# Laitram Preferred Premium Program

## 2022 Biometric Screening and Annual Physical Provider Verification 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 health screening and/or annual physical. **Once completed by your provider, it is YOUR responsibility to return this form to Marathon Health at the contact information below.** BY COMPLETING AND SUBMITTING THIS FORM TO MARATHON HEALTH, YOU CONSENT TO THE DISCLOSURE BY MARATHON HEALTH TO LAITRAM THAT YOU HAVE COMPLETED THE BIOMETRIC SCREENING AND/OR ANNUAL PHYSICAL. 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

LAST 4 DIGITS OF SSN

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**NOTICE TO PROVIDER**

Your patient has an opportunity to complete a biometric screening and/or annual physical as a part of a wellness incentive program. Please review the components to be included in the screening. When the screening or physical is complete, please complete, sign and return the form to the patient.

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 BMI _____ . _____
WAIST CIRCUMFERENCE		Value: _____ in.
BLOOD PRESSURE		Value: _____ / _____ mmHg
TOTAL CHOLESTEROL		Value: _____ mg/dL
HDL CHOLESTEROL		Value: _____ mg/dL
TOTAL CHOLESTEROL TO HDL RATIO		Value: _____ . _____
BLOOD GLUCOSE (SUGAR)		Value: _____ mg/dL

TODAY'S DATE

PROVIDER SIGNATURE

PLEASE PRINT (OR PROVIDER STAMP)

PROVIDER PHONE NUMBER

**Please fax or email this form to Marathon Health using the information below.**

**Marathon Health**  
**F: 802.419.9688**  
**E: wellness@marathon-health.com**

**Additional questions about your Wellness Incentive or the Marathon Health portal, contact us at 1.866.434.3255.**

