



Taking charge of your health has many rewards

BORMA is encouraging each health plan member and spouse to earn a \$50 gift card by completing an annual physical and biometrics through Everside Health. If you are not near an Everside Health Center, you may visit your primary care provider.

Please bring the attached **2022 Physician Screening Form** to your provider visit for completion.



1. Call to schedule your annual physical with your primary care provider, including biometric screening.



2. Complete the health profile questionnaire and work with your provider to create actionable health goals.
Health profile: surveymonkey.com/r/HealthProfile



3. Complete your annual exam and health profile questionnaire between July 1, 2021, and June 30, 2022.

Take charge of your health today by scheduling your annual health assessment.

If you are not near an Everside Health Center, request the following biometrics to be collected when scheduling your appointment with your primary care provider:

- Total Cholesterol
- Blood Pressure
- Triglycerides
- LDL Cholesterol
- Glucose
- HDL Cholesterol
- Waist Circumference
- Height, Weight

Still have questions? Call your health center or visit eversidehealth.com/borma.





Taking charge of your health has many rewards

BORMA is encouraging each health plan member and spouse to earn a \$50 gift card by completing an annual physical and biometrics through Everside Health, formerly Activate Healthcare.



1. Call to schedule your annual health assessment with your Everside primary care provider, including biometric screening.



2. Your health profile questionnaire will be completed during your visit. Work with your provider to create actionable health goals.



3. Complete your annual exam and health profile questionnaire between July 1, 2021, and June 30, 2022.

If you are completing your annual health assessment at an Everside Health Center, the 2022 Physician Screening Form is **not required** to earn your incentive.

Take charge of your health today by calling Everside Health.

Archbold
213 Nolan Parkway
Archbold, OH
43502
567-444-4840

Bryan
500 W. Mulberry St.
Ste. 101
Bryan, OH 43506
419-519-3336

Defiance
25568 Elliott Rd.
Defiance, OH
43512
419-782-2147

Napoleon
1809 Oakwood Ave.
Napoleon, OH
43545
419-960-4963

Wauseon
844 N. Shoop Ave.
Wauseon, OH
43567
419-285-9002

Hours
M 8 am-5 pm
TU 7 am-5 pm
W 8 am-5 pm
TH 7 am-7 pm
F 6 am-2 pm

Hours
M 6 am-6 pm
TU 6 am-6 pm
W 7 am-6 pm
TH 6 am-6 pm
F 6 am-2 pm

Hours
M 6 am-6 pm
TU 6 am-6 pm
W 6 am-6 pm
TH 6 am-6 pm
F 6 am-2 pm

Hours
M 7 am-6 pm
TU 7 am-6 pm
W 8 am-5 pm
TH 7 am-5 pm
F 6 am-2 pm

Hours
M 11 am-7 pm
TU 9 am-5 pm
W 10 am-6 pm
TH 9 am-5 pm
F 6 am-2 pm

Health center hours are subject to change.

Still have questions? Call your health center or visit eversidehealth.com/borma.



2022 Physician Screening Form



Form can be faxed between
July 1, 2021–June 30, 2022 to
Everside Health at 317-562-0875

Instructions to Wellness Program Participant

To allow a blood/biometric screening performed by your healthcare provider to satisfy the health screening component of your wellness incentive, please complete the first half of this form and return it to your healthcare provider. The screening must have been performed on or after July 1, 2021, and completed forms provided to Everside Health by June 30, 2022, to satisfy the wellness incentive for 2022. All participant health information under Everside Health's wellness program is protected in accordance with HIPAA privacy and security laws; however, services for an Employer's wellness program and confirmation that blood/biometric screening was completed is not protected by HIPAA and this limited information will be shared with the employer to administer the wellness program. This blood/biometric screening is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives.

PARTICIPANT NAME: _____ EMPLOYEE SPOUSE

EMPLOYEE NAME: _____ EMPLOYEE ENTITY: _____

PARTICIPANT DATE OF BIRTH: _____ PARTICIPANT PHONE: _____

PARTICIPANT EMAIL: _____

Important notes to participant

- This form must be completed and faxed to Everside Health no later than June 30, 2022, for visits completed between July 1, 2021, and June 30, 2022.
- Completion of your Health Profile is also required in order to earn your wellness incentive:
surveymonkey.com/r/HealthProfile



Release of medical records (to be completed by healthcare provider)

- **Please submit/code this office visit as a preventive screening to insurance.**
- **All visits including Preventive, Annual, Diagnostic, Maintenance, and Routine are suitable for the campaign requirements.**

By signing below and completing the following table, I affirm that I have reviewed the results with my patient and they understand that the Everside Health Wellness Program is not intended to treat, diagnose, or replace physician involvement.

PROVIDER NAME/CLINIC: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

PROVIDER/CLINIC SIGNATURE: _____

Test Parameter	Value	Units	Healthy Range
Total Cholesterol		mg/dl	< 200
HDL Cholesterol		mg/dl	60+
LDL Cholesterol		mg/dl	< 130
Triglycerides		mg/dl	< 150
Glucose		mg/dl	< 100
Height		ft/in	n/a
Weight		lbs	n/a
Waist Circumference		in	< 35 women < 40 men
Systolic Blood Pressure (rest)		mmHg	< 120
Diastolic Blood Pressure (rest)		mmHg	< 80
Current Nicotine User	Yes/No		
Fasting	Yes/No		

Lab & Screening Tests

TEST DATE: _____

This form is for physician offices only, not for direct lab use

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