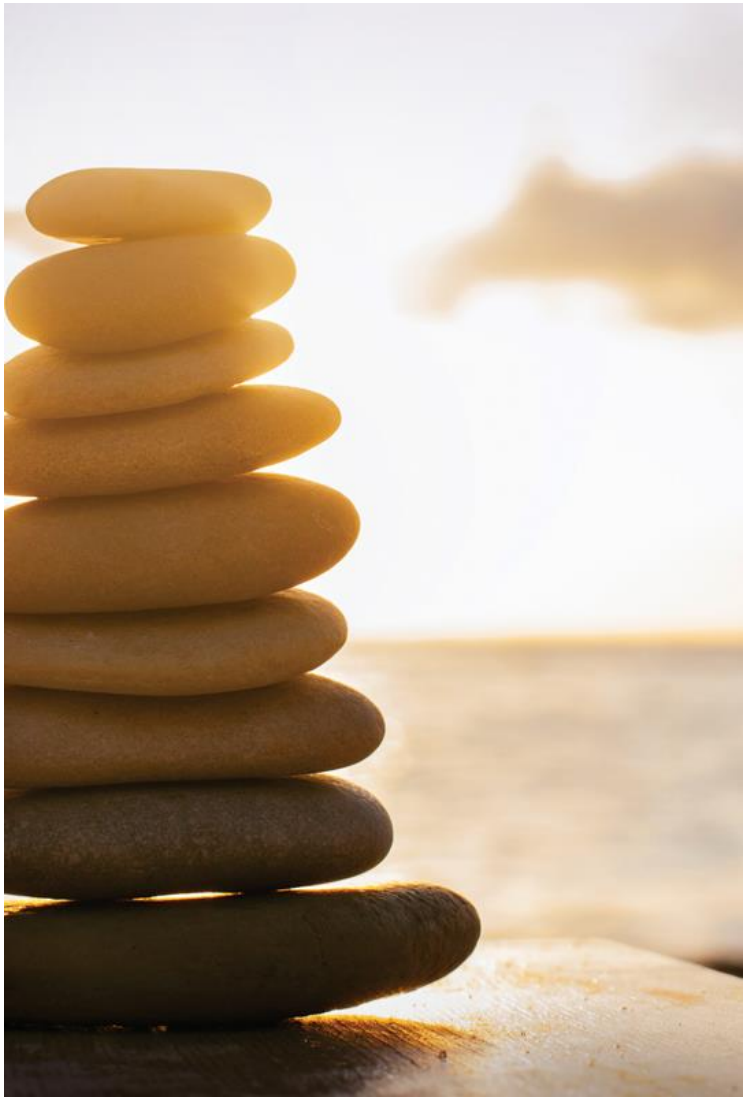
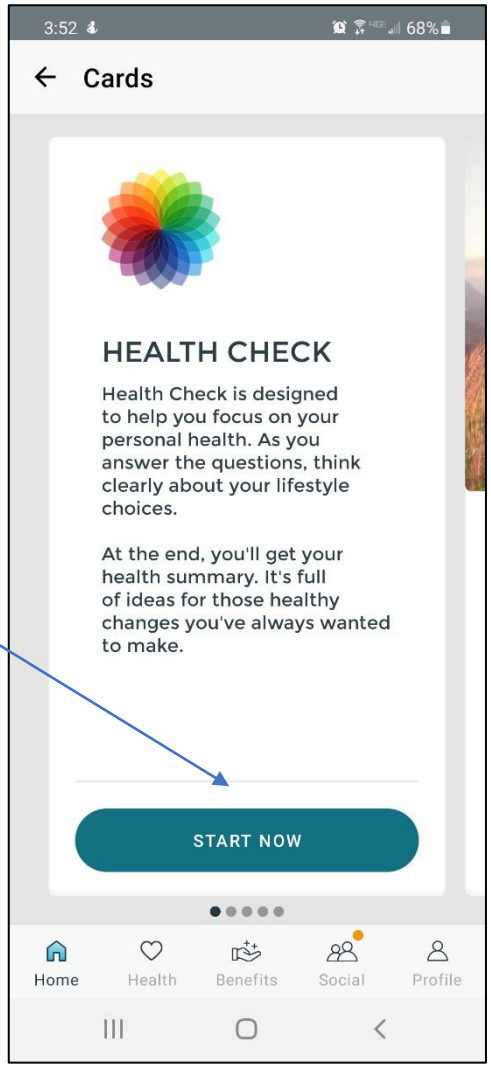


SORI Physician Screening Form & Health Check Instructions

1/20/2022

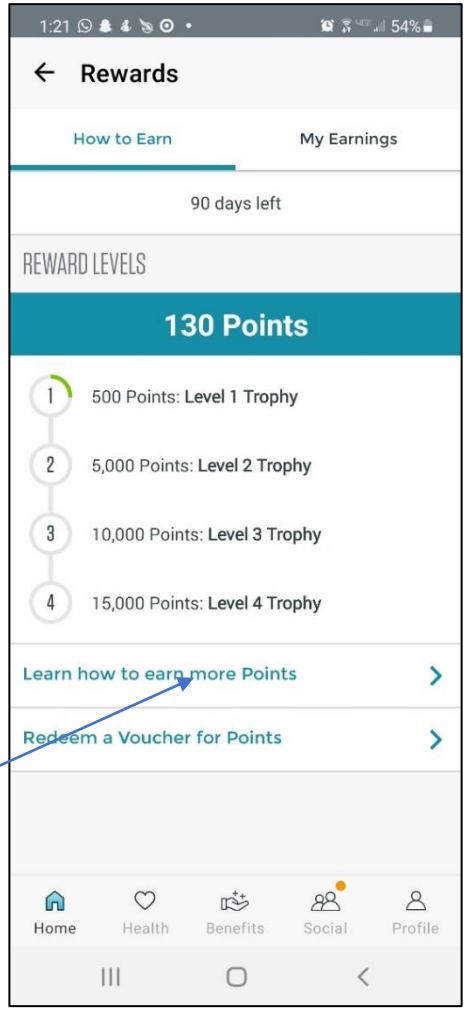
MOBILE APP – HEALTH CHECK

1. Click on the "Cards" tab from your home screen
2. Click on "Start Now" to complete the Health Check



MOBILE APP – PHYSICIAN SCREENING FORM

1. Click on the "Rewards" tab from your home screen
2. Click on "Learn how to earn more points"

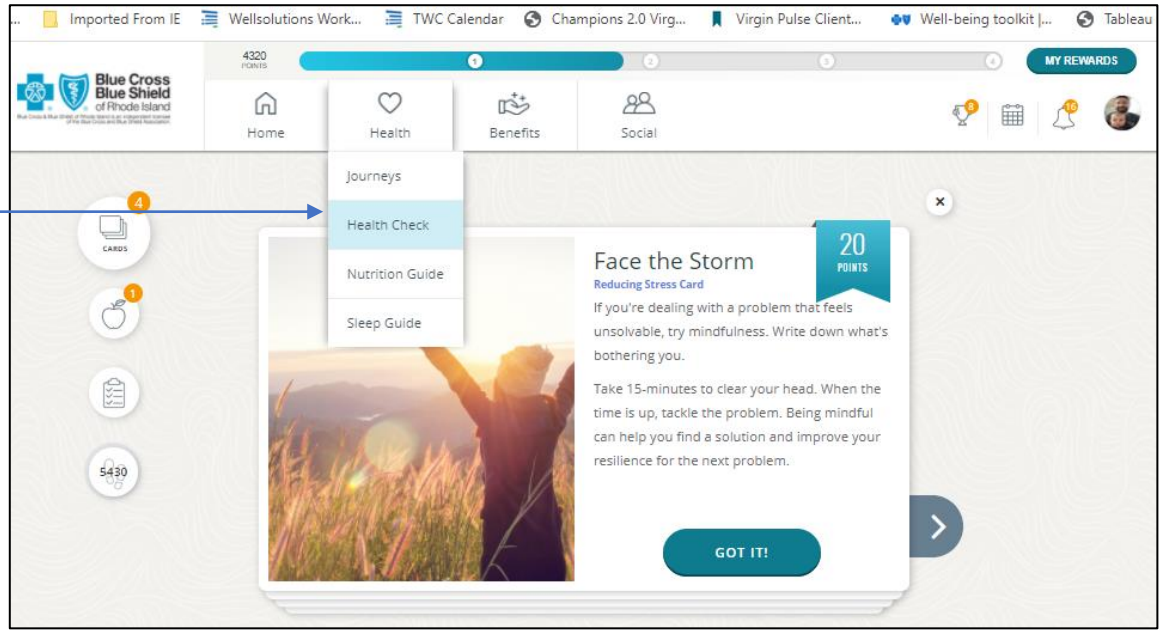


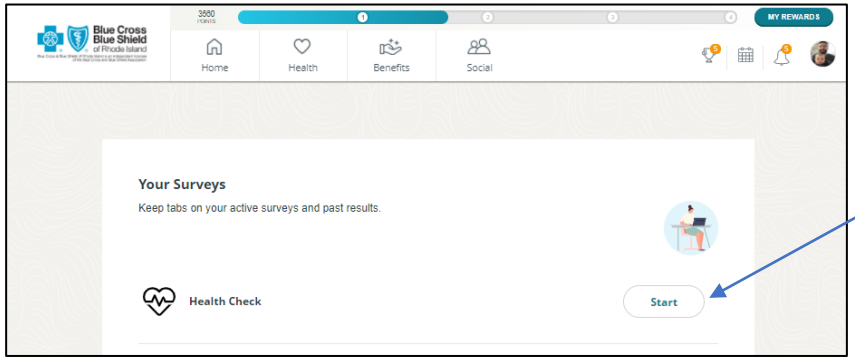
MOBILE APP – PHYSICIAN SCREENING FORM

3. Scroll down to the “Participation” section and click on “Primary Care Physician Form” (if applicable).
4. Print to a connected printer, or print-to-PDF to save the file on your device to email to your provider.

WEB BROWSER – HEALTH CHECK

1. With your mouse, highlight the “Health” tab from your home screen
2. Then, click on the “Health Check” sub-menu.

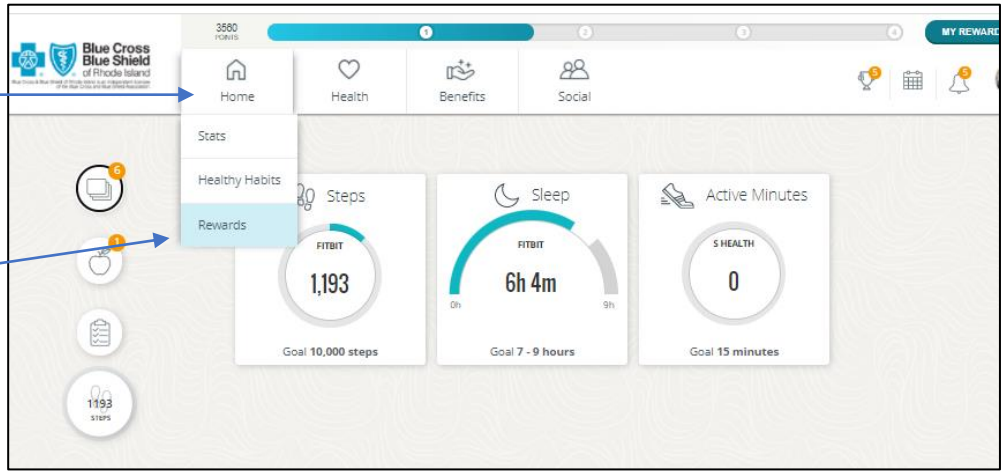


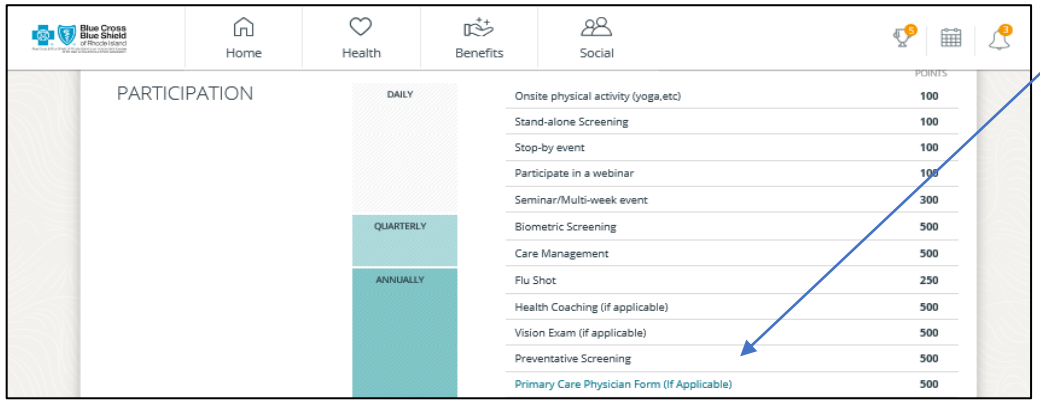


3. Click on “Start”
4. Complete the questionnaire to gain insights on your health & well-being.

WEB BROWSER – PHYSICIAN SCREENING FORM

1. With your mouse, highlight the “Home” tab from your home screen
2. Then, click on the “Rewards” sub-menu.



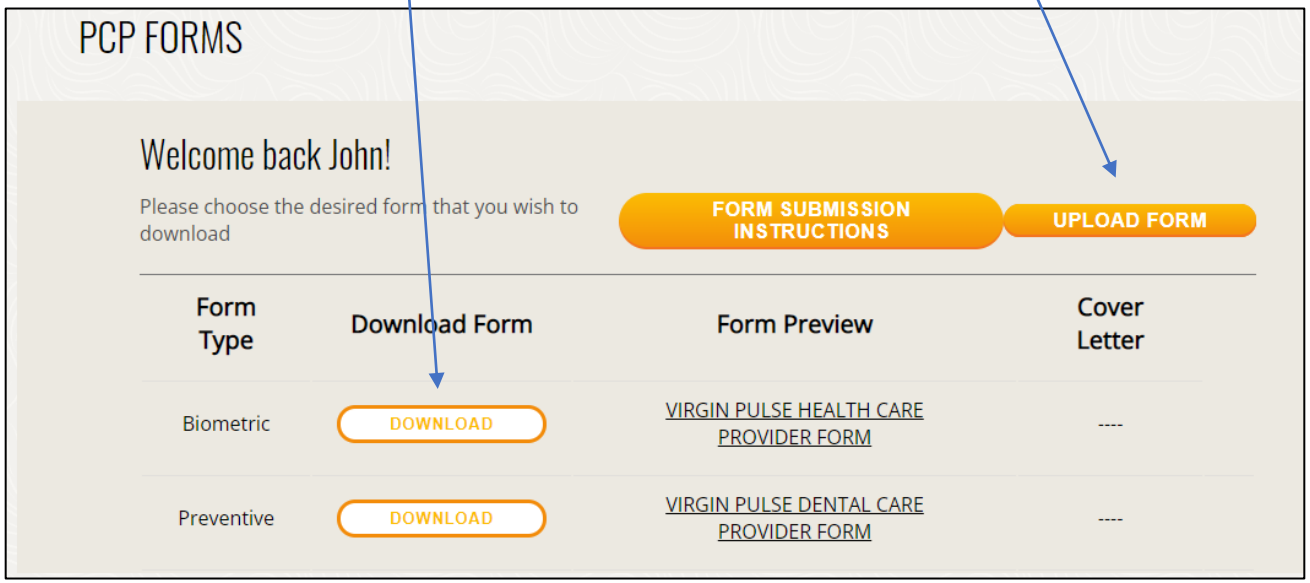


3. Scroll down to the “Participation” section and click on “Primary Care Physician Form” (if applicable).
4. Print to a connected printer, or print-to-PDF to save the file on your device to email to your provider.

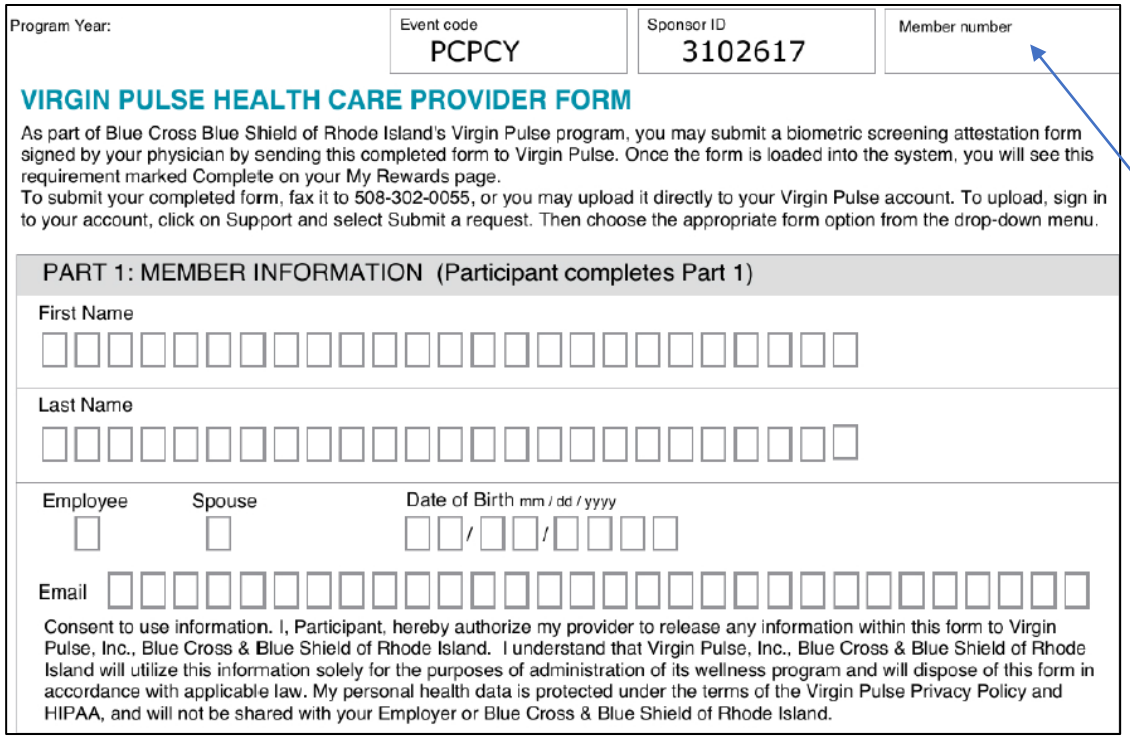
PHYSICIAN SCREENING FORM

1. Download & print your Physician Screening Form (labeled as the "Biometric" form

2. Once completed, upload your form in the portal using the "Upload Form" button, or fax your form to 508-302-0055



PHYSICIAN SCREENING FORM



Program Year:

Event code: PCPCY

Sponsor ID: 3102617

Member number

VIRGIN PULSE HEALTH CARE PROVIDER FORM

As part of Blue Cross Blue Shield of Rhode Island's Virgin Pulse program, you may submit a biometric screening attestation form signed by your physician by sending this completed form to Virgin Pulse. Once the form is loaded into the system, you will see this requirement marked Complete on your My Rewards page.
To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on Support and select Submit a request. Then choose the appropriate form option from the drop-down menu.

PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

Last Name

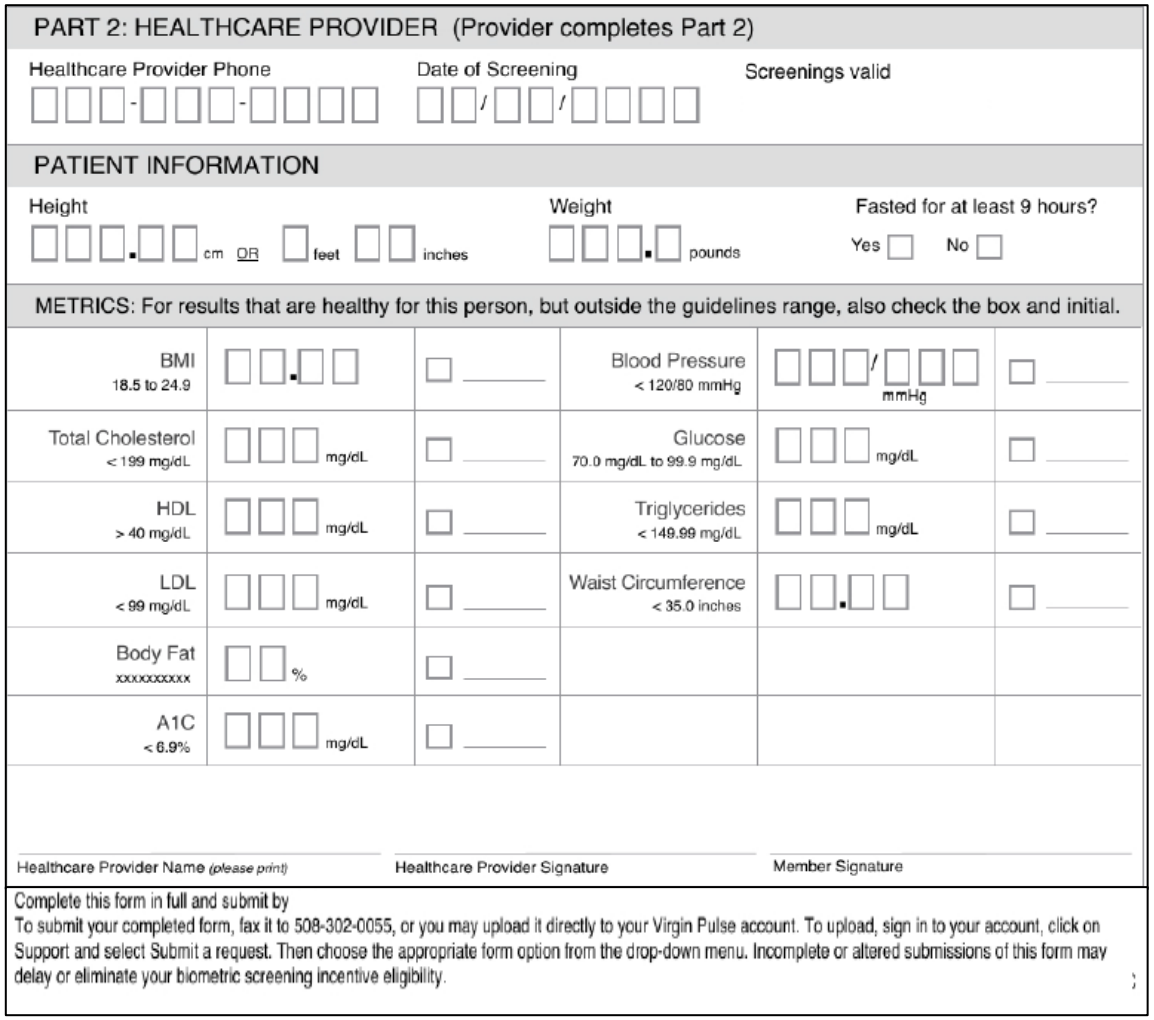
Employee ☐ Spouse ☐ Date of Birth mm / dd / yyyy ☐☐/☐☐/☐☐☐☐

Email

Consent to use information. I, Participant, hereby authorize my provider to release any information within this form to Virgin Pulse, Inc., Blue Cross & Blue Shield of Rhode Island. I understand that Virgin Pulse, Inc., Blue Cross & Blue Shield of Rhode Island will utilize this information solely for the purposes of administration of its wellness program and will dispose of this form in accordance with applicable law. My personal health data is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA, and will not be shared with your Employer or Blue Cross & Blue Shield of Rhode Island.

Please complete your information in section #1. **Please note, there will be a unique identifier automatically populated on the form in the "member number" section. Please do not share your form with anyone else, as the form you download is tied to your ID.**

PHYSICIAN SCREENING FORM



PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone ☐☐☐-☐☐☐-☐☐☐☐ Date of Screening ☐☐/☐☐/☐☐☐☐ Screenings valid

PATIENT INFORMATION

Height ☐☐☐.☐☐ cm OR ☐ feet ☐☐ inches Weight ☐☐☐.☐ pounds Fasted for at least 9 hours? Yes ☐ No ☐

METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.

BMI 18.5 to 24.9	☐☐.☐☐	☐ _____	Blood Pressure < 120/80 mmHg	☐☐☐/☐☐☐ mmHg	☐ _____
Total Cholesterol < 199 mg/dL	☐☐☐ mg/dL	☐ _____	Glucose 70.0 mg/dL to 99.9 mg/dL	☐☐☐ mg/dL	☐ _____
HDL > 40 mg/dL	☐☐☐ mg/dL	☐ _____	Triglycerides < 149.99 mg/dL	☐☐☐ mg/dL	☐ _____
LDL < 99 mg/dL	☐☐☐ mg/dL	☐ _____	Waist Circumference < 35.0 inches	☐☐.☐☐	☐ _____
Body Fat xxxxxxxxxx	☐☐ %	☐ _____			
A1C < 6.9%	☐☐☐ mg/dL	☐ _____			

Healthcare Provider Name *(please print)* Healthcare Provider Signature Member Signature

Complete this form in full and submit by
To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on Support and select Submit a request. Then choose the appropriate form option from the drop-down menu. Incomplete or altered submissions of this form may delay or eliminate your biometric screening incentive eligibility.

- Please have your healthcare provider complete section #2.
- Blood Pressure, Total Cholesterol, BMI, and Glucose are required fields for processing. All other biometric fields are optional.
- You or your provider can fax the form to the number listed, or, you can upload the completed form into Virgin Pulse.
- You will receive a confirmation email from Virgin Pulse within 2 weeks of submission.