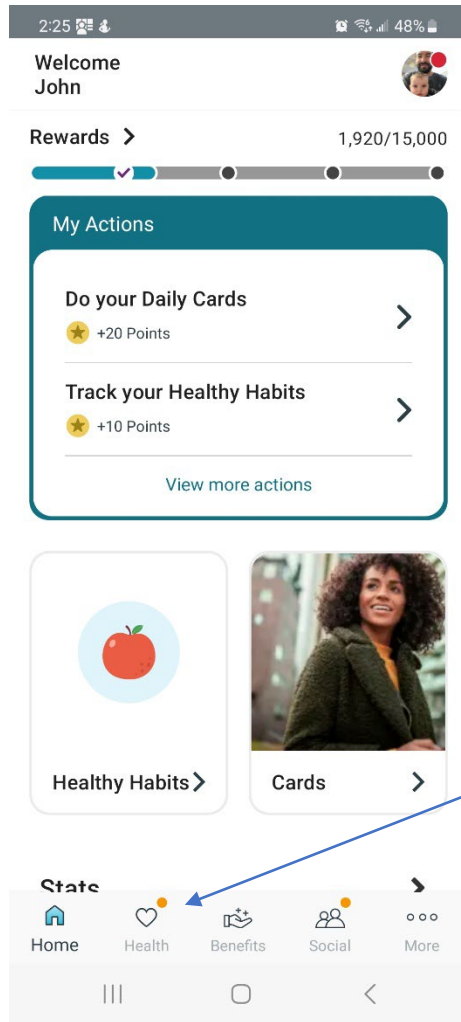


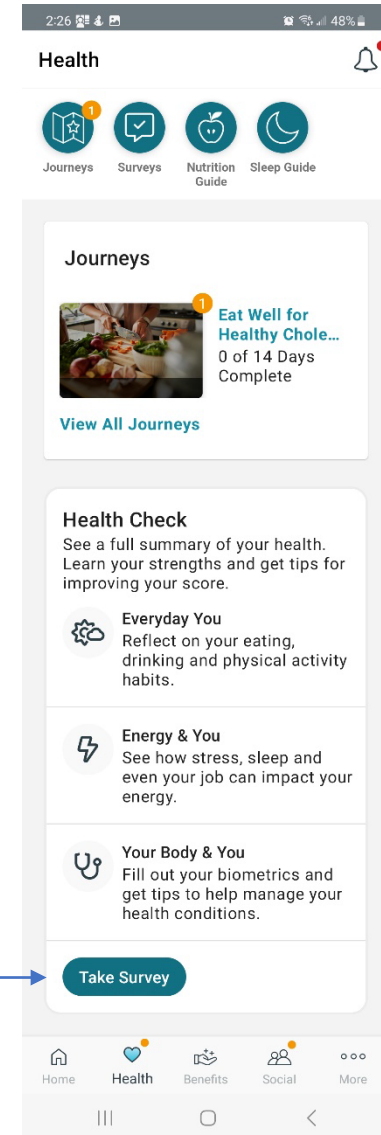
SORI Physician Screening Form & Health Check Instructions

1/6/2025

MOBILE APP – HEALTH CHECK

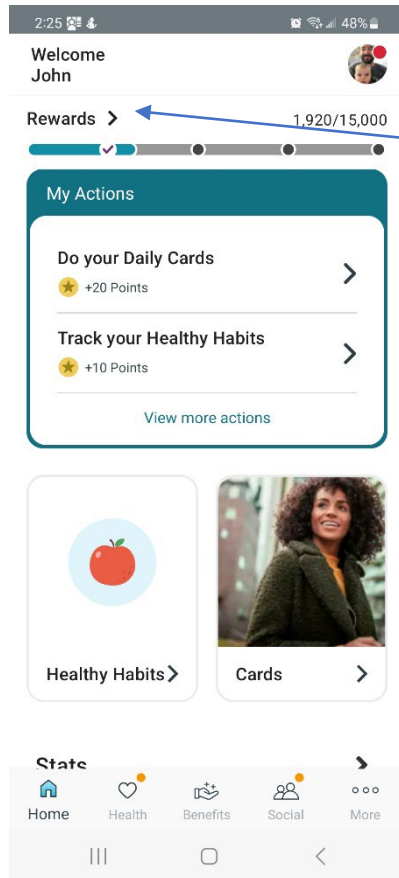


1. Click on the “Health” tab from your home screen
2. Click on “Take Survey” to complete the Health Check



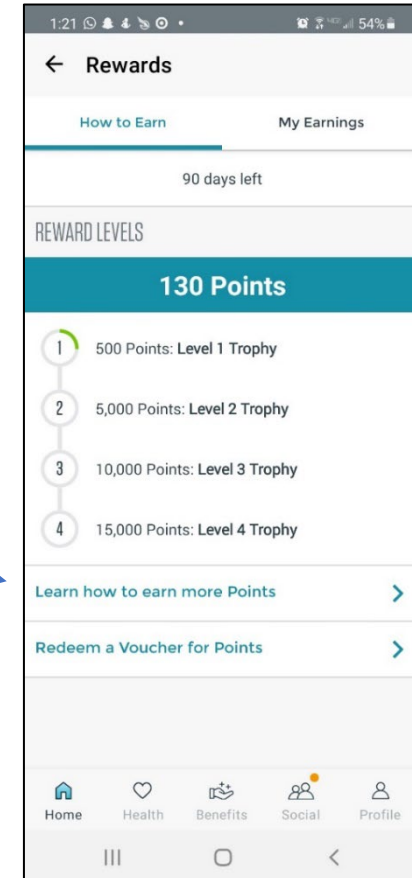
MOBILE APP – PHYSICIAN SCREENING FORM

If you get your health screenings done at a State Employee Wellness Fair you do not need to use the Virgin Pulse Health Care Provider Form



1. Click on the “Rewards” link from your home screen

2. Click on “Learn how to earn more points”



MOBILE APP – PHYSICIAN SCREENING FORM

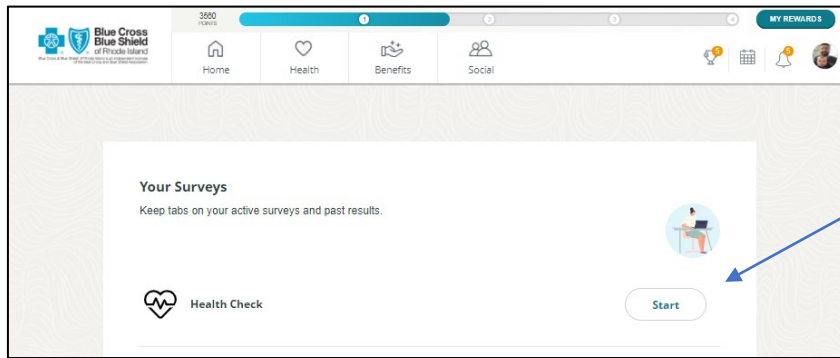
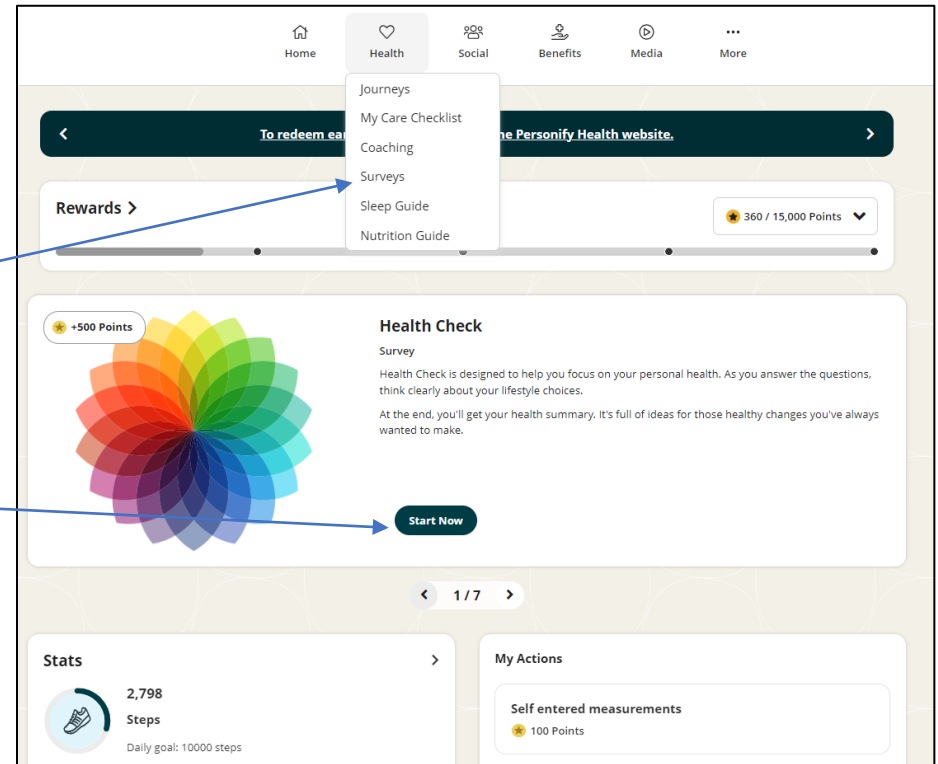


← How to Earn	
PARTICIPATION	
Flu Shot Annually	250
Seminar/Multi-week event Daily	300
Biometric Screening Quarterly	500
Care Management Quarterly	500
Health Coaching (if applicable) Annually	500
Vision Exam (if applicable) Annually	500
Preventative Screening Annually	500
Primary Care Physician Form (If Applicable) Annually	500
Home Health Benefits Social Profile	

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

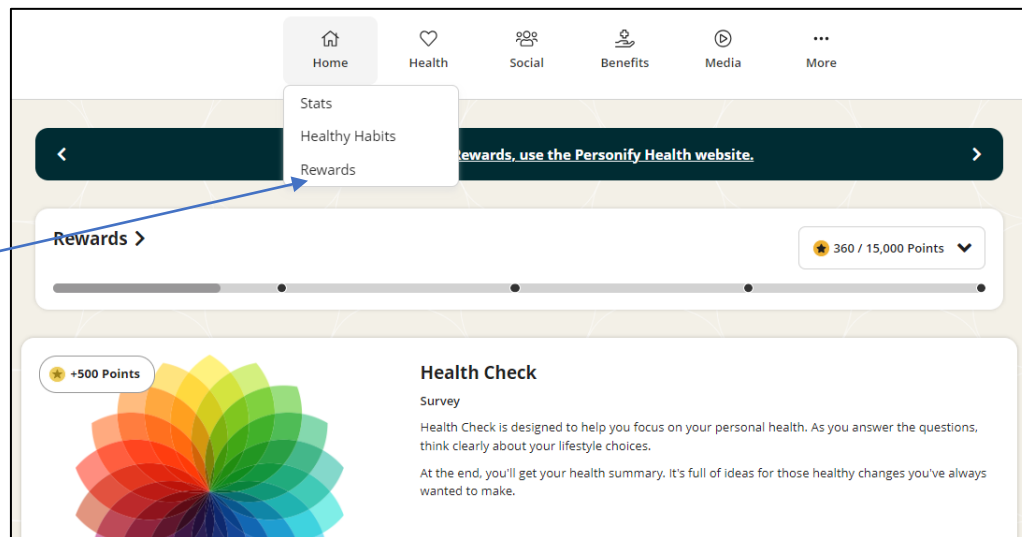
1. With your mouse, highlight the “Health” tab from your home screen. Then, click on the “Surveys” sub-menu.
2. The Health Check may also be accessible through the card stack.



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.



PARTICIPATION		POINTS
DAILY	Onsite physical activity (yoga, etc.)	100
	Stand-alone Screening	100
	Stop-by event	100
	Participate in a webinar	100
	Seminar/Multi-week event	300
QUARTERLY	Biometric Screening	500
	Care Management	500
ANNUALLY	Flu Shot	250
	Health Coaching (if applicable)	500
	Vision Exam (if applicable)	500
	Preventative Screening	500
	Primary Care Physician Form (If Applicable)	500

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

If you get your health screenings done at a State Employee Wellness Fair you do not need to use the Virgin Pulse Health Care Provider 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

PCP FORMS

Welcome back John!

Please choose the desired form that you wish to download


FORM SUBMISSION INSTRUCTIONS **UPLOAD FORM**

Form Type	Download Form	Form Preview	Cover Letter
Biometric	DOWNLOAD	VIRGIN PULSE HEALTH CARE PROVIDER FORM	----
Preventive	DOWNLOAD	VIRGIN PULSE DENTAL CARE PROVIDER FORM	----

PHYSICIAN SCREENING FORM

If you get your health screenings done at a State Employee Wellness Fair you do not need to use the Virgin Pulse Health Care Provider 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

If you get your health screenings done at a State Employee Wellness Fair you do not need to use the Virgin Pulse Health Care Provider Form

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)					
Healthcare Provider Phone □□□-□□□-□□□□		Date of Screening □□/□□/□□□□		Screenings valid	
PATIENT INFORMATION					
Height □□□.□□ cm <input type="checkbox"/> OR □ feet □ inches		Weight □□□.□ pounds		Fasted for at least 9 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	□□.□□	<input type="checkbox"/> _____	Blood Pressure < 120/80 mmHg	□□□/□□□ mmHg	<input type="checkbox"/> _____
Total Cholesterol < 199 mg/dL	□□□ mg/dL	<input type="checkbox"/> _____	Glucose 70.0 mg/dL to 99.9 mg/dL	□□□ mg/dL	<input type="checkbox"/> _____
HDL > 40 mg/dL	□□□ mg/dL	<input type="checkbox"/> _____	Triglycerides < 149.99 mg/dL	□□□ mg/dL	<input type="checkbox"/> _____
LDL < 99 mg/dL	□□□ mg/dL	<input type="checkbox"/> _____	Waist Circumference < 35.0 inches	□□.□□	<input type="checkbox"/> _____
Body Fat xxxxxxxx	□□ %	<input type="checkbox"/> _____			
A1C < 6.9%	□□□ mg/dL	<input type="checkbox"/> _____			
<div> Healthcare Provider Name (please print) Healthcare Provider Signature Member Signature </div>					
<p>Complete this form in full and submit by</p> <p>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.</p>					

- 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.