

2015 Online Screening Scheduler

How to: Download Your Physician Screening Form



2015 Partnership Promise: Biometric Screenings

Who Needs to Complete the Biometric Screening?

Only employees and covered spouses who are called to participate in coaching.

- All employees and covered spouses contacted for coaching must complete their biometric screening **by July 15, 2015.**

All 2015 New Hires/Newly Covered Members who enroll in Partnership PPO.

- All new hires/newly covered members (including newly covered spouses) must complete their biometric screening **within 120 days of their insurance coverage effective date.**

How to Complete the Biometric Screening:

The only option for completing your biometric screening is the completion of an Onsite Health Diagnostics Physician Screening Form through your Healthcare Provider's Office (Annual Physical - Members may use screening results from a doctor's visit between July 16, 2014 and July 15, 2015.)

NOTE: There are no onsite biometric screenings in 2015.

**How to:
Download Your Physician
Screening Form to take to
your Healthcare Provider
(Annual Physical).**

Step 1: Access the Screening Site Link

PARTNERS FOR HEALTHSM State of Tennessee Group Insurance Program

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THE GREAT SEAL OF THE STATE OF TENNESSEE AGRICULTURE COMMERCE 1796

Home Health Options ▾ Other Benefits ▾ Enrollment ▾ Premiums ▾ Q&A and Definitions ▾ Wellness ▾ Contact Us

MY WELLNESS LOGIN

What's New?
The ParTNers for Health wellness program website, Well-Being Connect, will be down

2015 Partnership Promise
Everyone enrolled in the Partnership PPO must take action in 2015!
[Read more »](#)
New plan members: [click here](#) to learn how to fulfill the Promise
[Frequently Asked Questions »](#)

Quick Links

- [Complete Your Biometric Screening](#)
- How to: [Download your Physician Screening Form for your Doctor](#)
- How to: [Complete Your Well-Being Assessment \(new members\)](#)
- [Diabetic Test Strips and Lancets Announcement](#)

2015 Partnership PPO Requirements:

- Complete the online Healthways Well-Being Assessment® (health questionnaire) **between January 1 and March 15, 2015.**

active date do not s, but will have to

Go to the Quick Links box on www.partnersforhealthtn.gov and click on the 'Complete Your Biometric Screening' link.

Step 2: Register on the Site

This is the Onsite Health Diagnostics (OHD) Biometric Screening Website.

First, you will be required to register at the bottom of the page.

The screenshot displays the Onsite Health Diagnostics website interface. At the top, there are logos for HEALTHWAYS, PARTNERS FOR HEALTH, and ONSITE HEALTH DIAGNOSTICS Employee Health Intelligence. The main heading is "2015 Biometric Health Screenings" with a sub-heading: "Required for Employees and Spouses enrolled in the 2015 Partnership PPO who have been contacted for coaching and new hires/newly covered members".

The registration process is outlined in two steps:

- 1 Register below for a Physician Screening Form (with a "Register for a form" button)
- 2 Complete your Physician Screening Form (with checkboxes for "Yes" and "No")

Below this, a section titled "2015 Biometric Screenings:" provides details. It states: "Register and download a Physician Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) who are called for coaching must complete a biometric screening by July 15, 2015." It also notes: "2015 new hires/newly covered members have 120 days from their insurance coverage effective date to complete their biometric screening. You can download your Physician Screening Form below." A blue button labeled "Register and Download your Physician Screening Form" is visible.

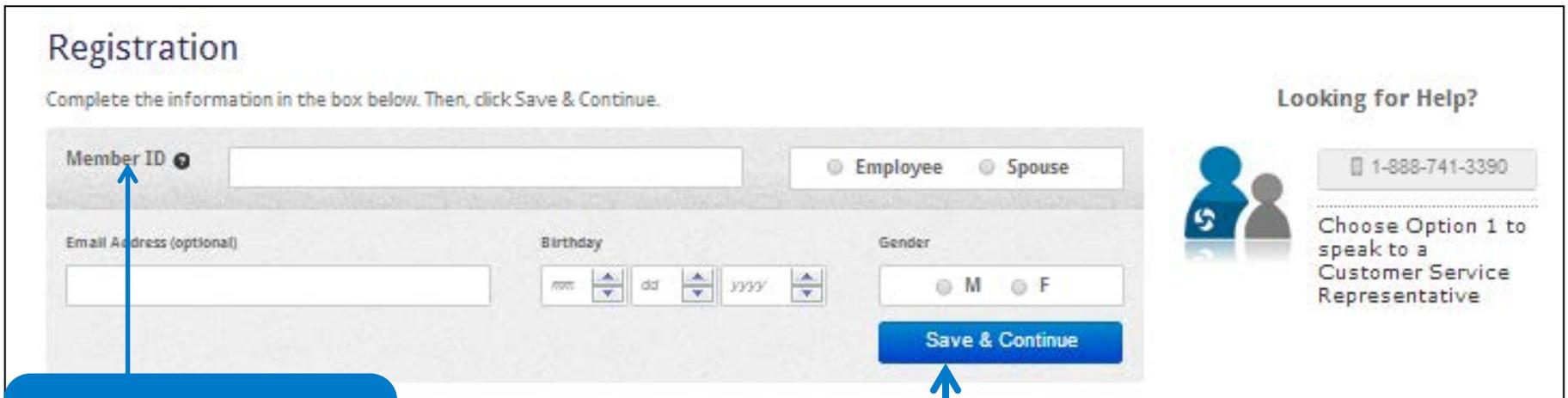
The bottom section is titled "Register for a Physician Screening Form" and contains a registration form with the following fields:

- Member ID (required)
- Employee (selected) / Spouse (radio buttons)
- Email Address (optional)
- Birthdate (mm, dd, yyyy)
- Gender (M, F)
- Save & Continue button

On the right side, there is a "Looking for Help?" section with a phone icon and the number 1-888-741-3390, and a note: "Choose Option 1 to speak to a Customer Service Representative".

Step 2: Register on the Site

Enter the following information on the website:
Your Member ID, Relationship (employee or spouse),
Email Address (optional), **Date of Birth** and **Gender**.



The screenshot shows a registration form titled "Registration" with the instruction "Complete the information in the box below. Then, click Save & Continue." The form includes fields for "Member ID", "Email Address (optional)", "Birthday" (with month, day, and year dropdowns), and "Gender" (with radio buttons for "M" and "F"). There are radio buttons for "Employee" and "Spouse" relationship. A "Save & Continue" button is at the bottom right. To the right of the form is a "Looking for Help?" section with a phone icon and the number "1-888-741-3390", and text that says "Choose Option 1 to speak to a Customer Service Representative".

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID

Employee Spouse

Email Address (optional)

Birthday

Gender M F

Save & Continue

Looking for Help?

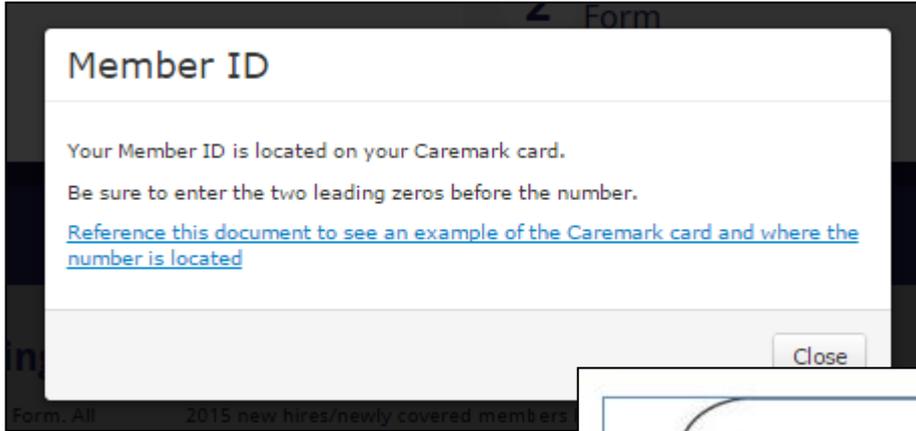
1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Note: Member ID can be found on your Caremark card.

Once you've filled out the form fields, click the "Save and Continue" button to continue.

Step 2: Edison/Member ID Example



Your member ID is located on your Caremark Card.

NOTE: Spouses do not have to include an “S” to their member ID.



Step 3: Select the Physician Screening Form Option

Click the
“Download Your
Form Now” for
next steps on how
to download the
form.

HEALTHWAYS PARTNERS FOR HEALTH ONSITE HEALTH DIAGNOSTICS Employee Health Intelligence

REGISTER FOR A SCREENING LOG OUT

Register for a Screening

Physician Screening
Screening results accepted from a doctor's visit between July 16, 2014, and July 15, 2015. New hires/newly covered members may use screening results from a doctor's visit within the past 12 months.

[Download Your Form Now](#)

Screening Option Tips:

- Print form. Measure your waist circumference at the navel and record the measurement on the form.
- Fast 9 hours before your doctor's appt.
- Take the form to your appt.
- Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.
- Make sure you and your doctor sign the completed form.
- You or your doctor must fax the completed form to 1.972.823.0684. You can also upload the form on this site.

Your Partnership Promise
If you or your covered spouse fail to fulfill any requirement of the 2015 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2016. In 2015, all Partnership PPO members who are called for coaching must complete a biometric screening by July 15, 2015. New hires/newly covered members have 120 days from their coverage effective date to complete the biometric screening. [Click here to view the 2015 Partnership Promise.](#)

Looking for Help?
1-888-741-3390
Choose Option 1 to speak to a Customer Service Representative

Note: Physician
Screening Form tips
are listed here.

Step 4: Complete the E-Consent Form

PCP Agreement

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which will include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in health insurance. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC (OHD), on behalf of Healthways, results from a blood draw and laboratory analysis performed by my physician within the past twelve (12) months for the tests listed below. I agree to execute any authorization form(s) that may be required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my benefits provider whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health information will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways; however, I understand it will not be shared with my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with my employer. I understand that my employer or benefits provider may from time to time offer members other health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other individual health information that identifies me to Healthways' other Health/Wellness Programs so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my benefits provider will require other Health/Wellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other individual health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that if I do not want Healthways to disclose my wellness screening results and/or other individual health information to other Health/Wellness Program providers, I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Privacy Office to the extent Healthways has not already relied on this consent.

|

Review and complete the E-Consent Form. You must select "I Agree" to download your form.

Step 5: Download Your Physician Screening Form

To download your Physician Screening Form, click the blue button, “Click to download form here.”

The screenshot displays the Onsite Health Diagnostics website interface. At the top, there are logos for HEALTHWAYS, PARTNERS FOR HEALTH, and ONSITE HEALTH DIAGNOSTICS. The main navigation includes 'MANAGE MY SCREENING' and 'LOG OUT'. A central banner reads 'You're All Set! Download Your Physician Screening Form Below'. Below this, a 'Physician Screening' section features a 'Selected' button and a 'Cancel' link. A thank-you message states: 'Thank you for registering for your 2015 biometric screening. If you need to download and re-print your physician form, revisit the site any time by going to my.onsitehd.com/register/so, filling out the form, and you will be returned to this page.' To the right, a 'To log back in:' section provides instructions: 1. Visit the site at: my.onsitehd.com/signup/en; 2. Log in by filling out the 'Register for a Physician Screening Form' with the same information you did the first time. The main content area is titled 'Physician Screening' and is divided into three steps: 'Preparation', 'Get Form Completed by Physician', and 'Followup'. The 'Preparation' step includes a 'Print Paperwork' section with a blue button labeled 'Click to download form here'. The 'Get Form Completed by Physician' step provides instructions on making an appointment and submitting the form by July 15, 2015. The 'Followup' step includes an 'Upload your Completed Form' section with a blue button labeled 'Click here to upload your completed screening form'. A 'Looking for help?' section on the right offers a phone number (1-888-743-3333) and a link to 'Choose Option 1 to speak to a Customer Service Representative'.

Example Physician Screening Form & Instructions



PARTNERS FOR HEALTH

PRIMARY CARE PHYSICIAN BIOMETRIC SCREENING FORM



947

Employer/Member ID: MRN: -

UPPERCASE ONLY and stay within the lines

First Name: Middle Initial:

Last Name:

Email Address:

Street Address:

City: State: Zip Code:

DOB (MM/DD/YYYY): Phone: Gender: Male Female

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well-Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC on behalf of Healthways results from a blood draw and laboratory analysis performed by my physician within the past twelve (12) months for the tests listed below. I agree to authorize any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information related to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways, however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with employer. I understand that my employer or benefits provider may from time to time offer unrelated other health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Healthways' other Health/Wellness Programs so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other Health/Wellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other Health/Wellness Program providers sponsored by my employer or benefits provider, I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

Participant's Signature: Today's Date (MM/DD/YYYY):

FOR PHYSICIAN OR OFFICE STAFF USE ONLY BELOW THIS LINE

Hours Fasted: BMI: HDL: mg/dl

Height: inches Blood Pressure - Systolic: mm Hg LDL: mg/dl

Weight: pounds Blood Pressure - Diastolic: mm Hg Glucose: mg/dl

Waist: inches Total Cholesterol: mg/dl

I certify these values are correct. Triglycerides: mg/dl

Physician's Signature:

Date of Exam (MM/DD/YYYY):

Facility Stamp:

Please fax this form to (972) 829-0684 or mail it to Onsite Health Diagnostics at 7801 Mesquite Bend Dr. #106A, Irving, TX 75063. If you have any questions regarding this form, please call (877) 966-7483.



PHYSICIAN SCREENING FORM INSTRUCTIONS

Member Instructions

- Review** the attached Physician Screening Form
- Sign and date** in the Participant's Signature section
- Give** the form to **your doctor**.
 - Your doctor should include your test results. Test results from a previous exam may be used.
 - If submitting this form for the 2015 Partnership Promise: Your test results must be dated between July 16, 2014 and July 15, 2015.
 - New plan members: Your test results must be dated no more than one year previous to your health insurance coverage effective date.
- Include your **Waist Measurement and your Signature**
- Return** your completed physician form. Here's how:
 - Fax** the completed form: Onsite Health Diagnostics at 972.823.0684.
 - Mail** the completed form: Onsite Health Diagnostics, Attention Results Department, 7801 Mesquite Bend, Suite 106A, Irving, Texas 75063
 - Upload** the completed form:
 - Members: <https://my.onsitehd.com/restricted/signup/>
 - Physicians: <https://my.onsitehd.com/dropbox/pcp>

All fields must be completed. Incomplete forms will not be accepted.

Remember, annual preventive care is **FREE** to you. You do not have to pay for a yearly preventive visit.

Talk to your doctor about using one of the codes below to make sure your visit is free to you:

99385 – New, Ages 18-39	99395 – Established, Ages 18-39
99386 – New, Ages 40-64	99396 – Established, Ages 40-64
99387 – New, Ages 65 & over	99397 – Established, Ages 65 & over

Physician Instructions

- Your patient is participating in the ParTners for Health Wellness Program as part of his/her insurance coverage through the State of Tennessee Group Insurance Program. To receive lower premiums and member cost sharing, members must take part in a health screening.
- Please perform the appropriate testing in order to provide the values on the attached Physician Screening Form and back to Onsite Health Diagnostics. See Step 5.**

*The Tennessee ParTners for Health Wellness Program is a health and wellness program offered to members at no cost through the State Group Insurance Program and is an effort to help members maintain or improve their health and well-being. It is managed by Healthways and is **completely confidential**. Your screening results and health information will only be used by the Tennessee ParTners for Health Wellness Program. All health information will be kept private and safe. The program will not release your information unless authorized or required by law. Based on your health information, including the information on your Well-Being Assessment (health questionnaire) and health screening, you may be asked to participate in one of the disease or wellness management programs. If you are contacted by a coach, this information may be used during the course of the program.*

Step 6: Download & Print Your Physician Screening Form

1. Verify your information.
2. Print the form and fill in your waist circumference prior to your doctor's appt.
3. Take the form to your physician for completion during your annual physical.
4. Review your completed form:
 - You and your doctor must sign the form.
 - All fields on the form must be completed.

NOTE: Your signature will be electronically signed under Participant's Signature.
5. You or your doctor must submit your completed form to Onsite Health Diagnostics (OHD).
 - Fax: 972.823.0684
 - Mail: OHD, 7801 Mesquite Bend, Suite 106A, Irving, Texas, 75063
 - Upload:
 - For members [click here.](#)
 - For physicians [click here.](#)



**PRIMARY CARE PHYSICIAN
BIOMETRIC SCREENING FORM**



B47

Employee Number ID: MBN: -

UPPERCASE ONLY and stay within the lines

First Name: Middle Initial:

Last Name:

Email Address:

Street Address:

City: State: Zip Code:

DOB (MM/DD/YYYY): Phone: Gender: Male Female

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC on behalf of Healthways results from a blood draw and laboratory analysis performed by my physician within the past twelve (12) months for the tests listed below. I agree to authorize any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways, however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with my employer. I understand that my employer or benefits provider may from time to time offer employee health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Healthways' other Health/Wellness Programs so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other Health/Wellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other Health/Wellness Program providers sponsored by my employer or benefits provider, I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing. In the event Healthways has not already relied on this consent.

Participant's Signature: Today's Date (MM/DD/YYYY):

FOR PHYSICIAN OR OFFICE STAFF USE ONLY BELOW THIS LINE

Hours Fasted: <input type="text"/>	BMI: <input type="text"/>	HDL: <input type="text"/> mg/dl
Height: <input type="text"/> inches	Blood Pressure - Systolic: <input type="text"/> mm Hg	LDL: <input type="text"/> mg/dl
Weight: <input type="text"/> pounds	Blood Pressure - Diastolic: <input type="text"/> mm Hg	Glucose: <input type="text"/> mg/dl
Waist: <input type="text"/> inches	Total Cholesterol: <input type="text"/> mg/dl	
<input type="checkbox"/> I certify these values are correct	Triglycerides: <input type="text"/> mg/dl	

Physician's Signature:

Date of Exam (MM/DD/YYYY):

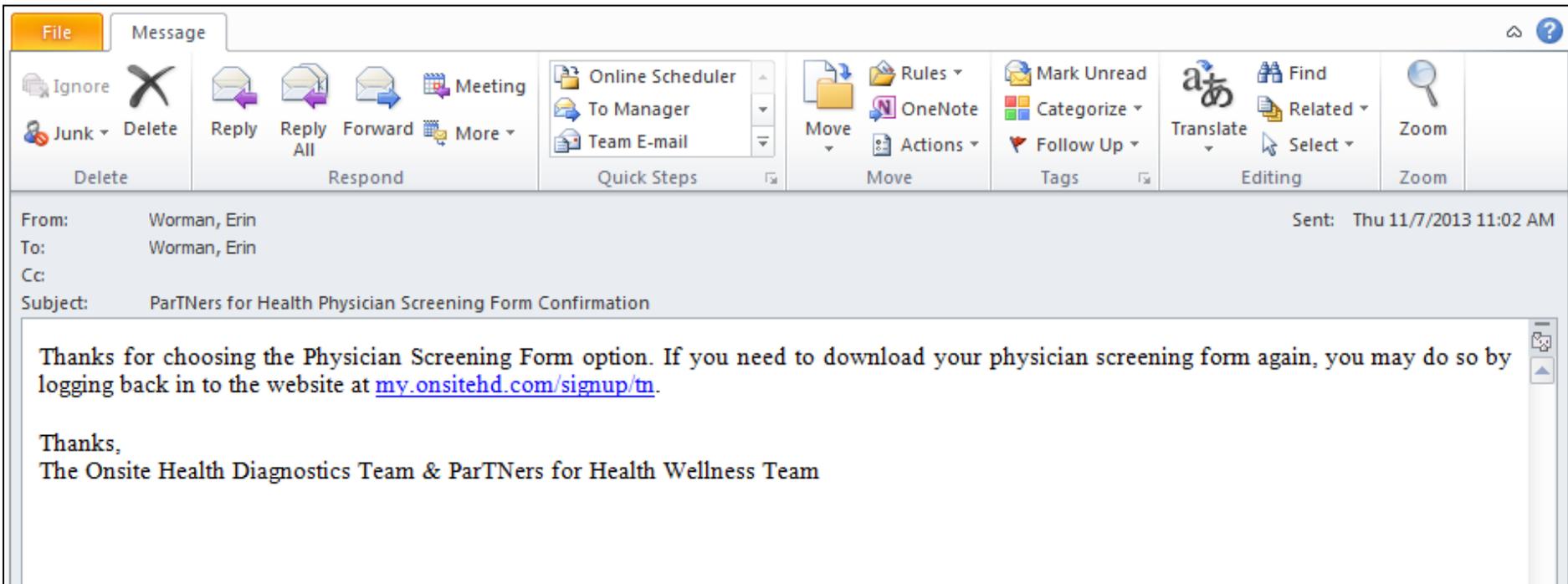
Facility Stamp:

Please fax this form to (972) 823-0684 or mail it to Onsite Health Diagnostics at 7801 Mesquite Bend Dr. #106A, Irving, TX 75063. If you have any questions regarding this form, please call (877) 366-7483.

Confirmation Email

If you entered an email address during registration, you will receive an email confirming your screening.

Note: If you misplace or lose your Physician Screening Form, you can click on the link in the email, register and reprint the form.



**How to:
Submit Your Completed
Physician Screening Form to
Onsite Health Diagnostics
(OHD) to receive credit for your
Biometric Screening**

Option 1: Upload your Physician Screening Form

PARTNERS FOR HEALTH
State of Tennessee Group Insurance Program

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MY WELLNESS LOGIN

What's New?
The ParTners for Health wellness program website, Well-Being Connect, will be down during the month of December for updates and members will not have access to this website.

2015 Partnership Promise
Everyone enrolled in the Partnership PPO must take action in 2015!
[Read more »](#)
New plan members: [click here](#) to learn how to fulfill the Promise
[Frequently Asked Questions »](#)

Quick Links

- [Complete Your Biometric Screening](#)
- How to: [Download your Physician Screening Form for your Doctor](#)
- How to: [Complete Your Well-Being Assessment \(new members\)](#)
- [Diabetic Test Strips and Lancets Announcement](#)

Go to the Quick Links box on www.partnersforhealthtn.gov and click on the 'Complete Your Biometric Screening' link.

• Complete the online Healthways Well-Being Assessment® (health questionnaire) **between January 1 and March 15, 2015.**

Option 1: Upload your Physician Screening Form

You will need to log back into the OHD site using your member ID.

Reminder: Your member ID can be found on your Caremark Card.

The screenshot shows the '2015 Biometric Health Screenings' page. At the top, there are logos for HEALTHWAYS, PARTNERS FOR HEALTH, and ONSITE HEALTH DIAGNOSTICS. The main heading is '2015 Biometric Health Screenings' with a sub-heading: 'Required for Employees and Spouses enrolled in the 2015 Partnership PPO who have been contacted for coaching and new hires/newly covered members'. Below this, there are two numbered steps: 1. 'Register below for a Physician Screening Form' with a 'Register for a form' button, and 2. 'Complete your Physician Screening Form' with three checkboxes. A section titled '2015 Biometric Screenings:' contains two paragraphs of text and a blue button that says 'Register and Download your Physician Screening Form'. At the bottom, there is a 'Register for a Physician Screening Form' form with fields for Member ID, Email Address (optional), Birthday, and Gender. A blue arrow points from the text in the blue box to the Member ID field. To the right of the form is a 'Looking for Help?' section with a phone icon and the number 1-888-741-3390, and a note: 'Choose Option 1 to speak to a Customer Service Representative'.

Option 1: Upload your Physician Screening Form

Click the blue button under Step 3 “Click here to upload your completed screening form” to begin the upload process.

The screenshot displays the Onsite Health Diagnostics website interface. At the top, there are logos for HEALTHWAYS, PARTNERS FOR HEALTH, and ONSITE HEALTH DIAGNOSTICS. A navigation bar includes 'MANAGE MY SCREENING' and 'LOG OUT'. The main content area features a dark blue banner with the text 'You're All Set! Download Your Physician Screening Form Below'. Below this, there is a 'Physician Screening' section with a 'Selected' button. A thank-you message follows, along with instructions on how to download and re-submit the form. A 'To log back in:' section provides login instructions. The 'Physician Screening' section is expanded to show 'Preparation' (Step 1) and 'Followup' (Step 3). The 'Followup' section is highlighted with a blue box and a blue arrow pointing to the 'Click here to upload your completed screening form' button. The 'Followup' section includes instructions for uploading, faxing, and mailing the completed form.

Preparation

Print Paperwork **Step 1**

[Click to download form here](#)

Followup

Step 3

Upload your Completed Form

Please make sure the form you are uploading has been filled out and signed by your doctor

[Click here to upload your completed screening form](#)

Fax your completed form

You or your doctor must fax the completed form to 1.972.823.0684. Make sure all form fields are completed. Incomplete forms will not be processed.

Mail your completed form

Submit your completed form to Onsite Health Diagnostics at 7801 Mesquite Bend Dr. #106A, Irving, TX 75063.

Option 1: Upload your Physician Screening Form

Follow the instructions to scan, upload and send your completed Physician Screening Form.

Upload Your Physician Screening Form

Physician Screening Form

To upload your form, complete the following steps:

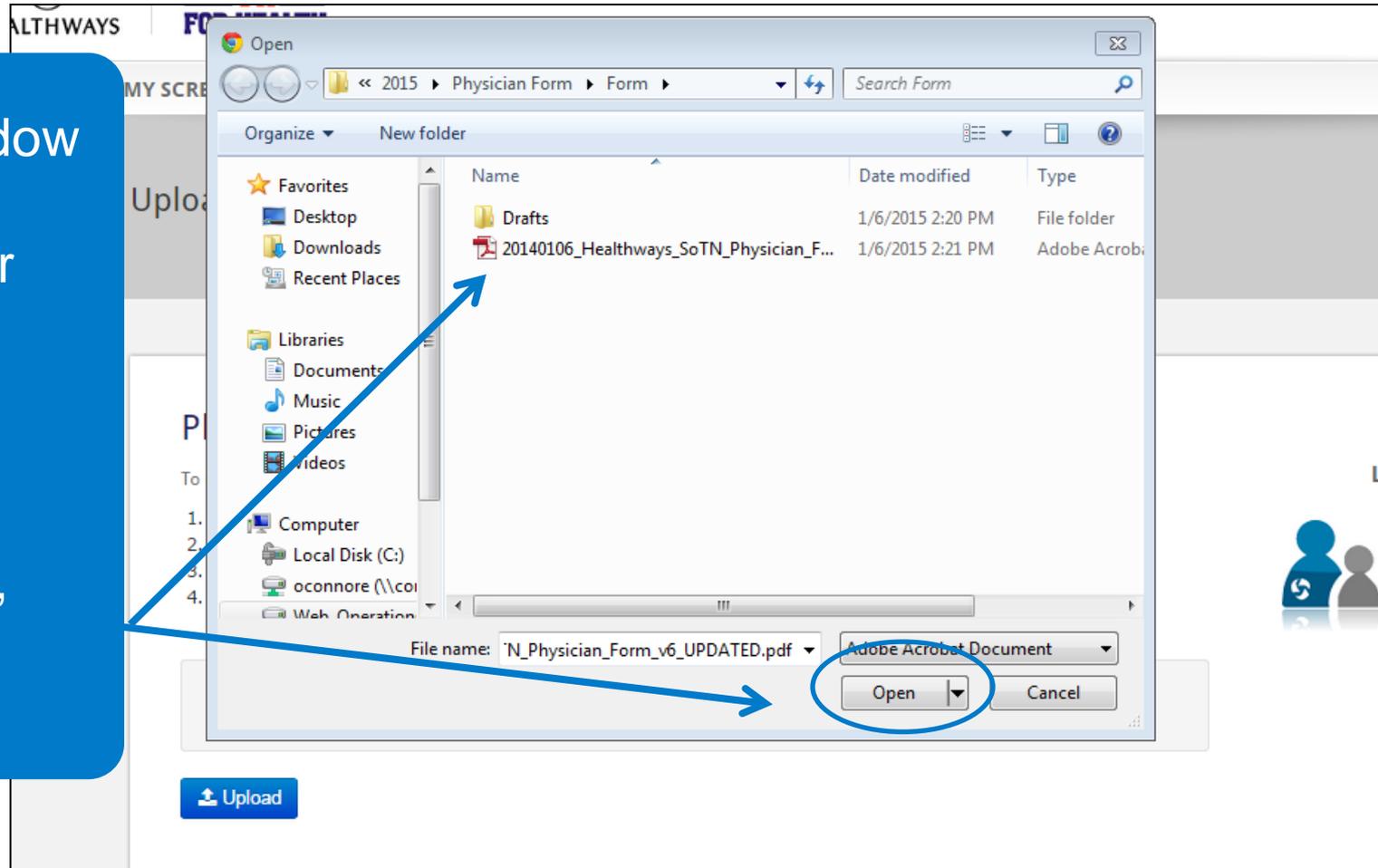
1. Scan your completed form and save it to your computer as a .pdf
2. Select, "Choose File" below
3. In the window provided, locate your completed physician form, highlight it, and select "Open"
4. Select "Upload" below

Choose File No file chosen

Upload

Option 1: Upload your Physician Screening Form

In the window provided, locate your completed Physician Screening Form, highlight it, and select “Open”.



Option 1: Upload your Physician Screening Form

Select
“**Upload**” to
submit your
Physician
Screening
Form.

Upload Your Physician Screening Form

Physician Screening Form

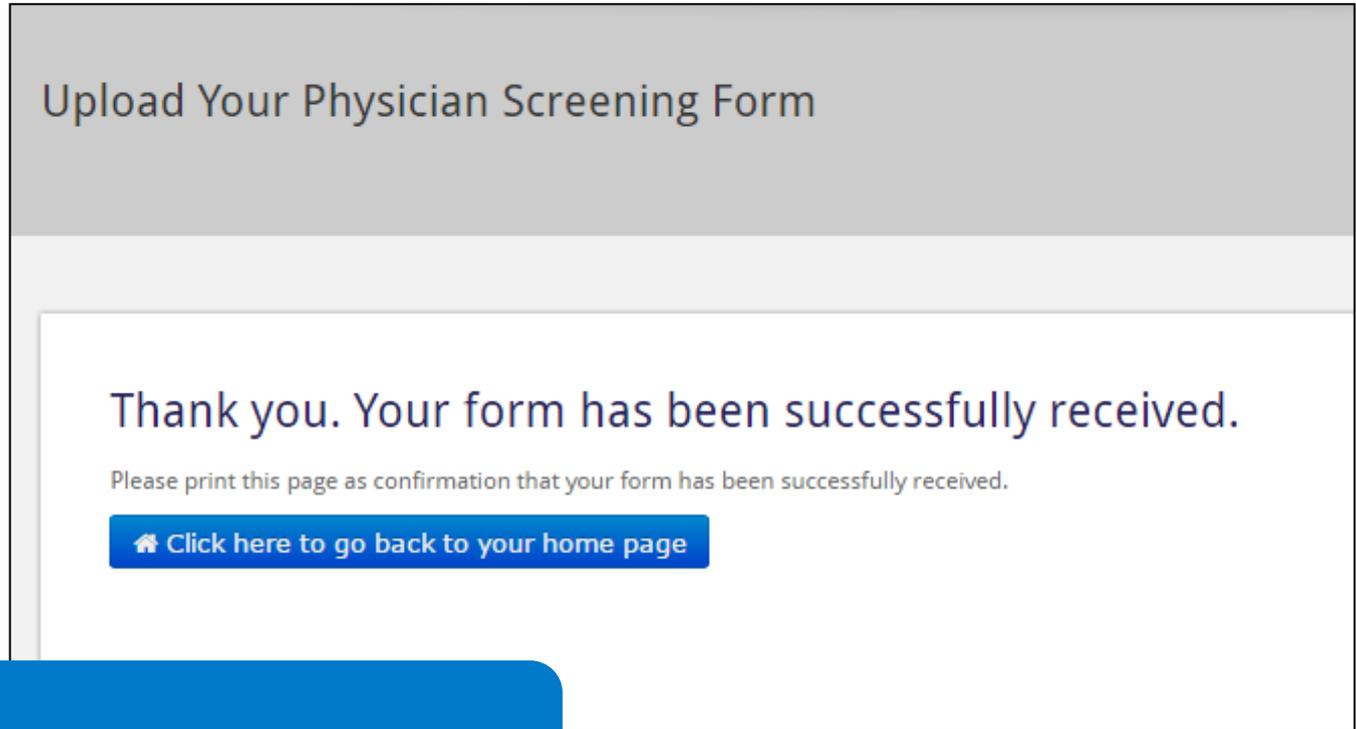
To upload your form, complete the following steps:

1. Scan your completed form and save it to your computer as a .pdf
2. Select, "Choose File" below
3. In the window provided, locate your completed physician form, highlight it, and select "Open"
4. Select "Upload" below

Choose File 20140106_H...DATED.pdf

Upload

Option 1: Upload your Physician Screening Form



Once you complete these steps this message will appear. Don't forget to print this page as a confirmation.

Option 2, 3 & 4: Fax or Mail your Physician Screening Form or Physician submission

- **Option 2: Fax** the completed form to Onsite Health Diagnostics at **972.823.0684**
- **Option 3: Mail** the completed form to Onsite Health Diagnostics, Attention Results Department, 7801 Mesquite Bend, Suite 106A, Irving, Texas 75063
- **Option 4:** Your physician can upload the completed form to <https://my.onsitehd.com/dropbox/pcp>

Notes & Reminders: OHD Screening Website

- During registration, covered spouses do NOT have to add an 'S' to their Member ID.
- Email address must be unique to each individual (i.e., an employee and their covered spouse cannot use the same email address).
- Physician Screening Forms will NOT be emailed. **You must download and print the form found on the Onsite Health Diagnostic site.**
- You can register/login to the site multiple times.
- You can download and reprint your Physician Screening Form at any time by registering on the site again.
- Only employees and covered spouses who are called to participate in coaching will need to complete a biometric screening with a preferred health care provider.