

2023 Wellness Agreement

Employee Name (print): _____ Date of Birth: _____

Have you had anything to eat or drink within the last 8 hours of having your labs drawn? Yes No

If yes, please list: _____

In order to participate in the **Compassion Health Care** Employee health improvement program each employee must adhere to the following member participation requirements by **October 31, 2023**:

- Accurately complete an **Online** Health Risk Assessment (HRA).
- Sign Wellness Agreement.
- Have your Provider complete and submit Biometric Form below **or** attend the on-site Health Screenings.
- If identified with a low, moderate, or high-risk condition you must engage in telephonic coaching with your Health Improvement Nurse.
- I acknowledge that the Notice Regarding Wellness Program is available to me for review at gatewayhealth.com.

Employee Signature: _____

Date: _____

Email Address: _____

Contact #: _____

Biometric Form

Secure Fax: 434-799-3837

Employee: Please take this form to your provider's office to request a copy of your lab work. Once you receive this completed signed form or obtain your lab results, please fax a copy to.

Provider: Compassion Health Care currently offers a health improvement program to employees and asks that you help by providing the following lab work and vital signs listed below. Please fill out the form completely.

Lab values taken between July 1, 2023 – October 31, 2023 are accepted.

Date of Labs: _____

Fasting: Yes No

Vitals		Lipid Panel + Glucose	
Weight (without shoes)		HDL Cholesterol	
Height (without shoes)		LDL Cholesterol	
Body Mass Index (BMI)		Total Cholesterol	
Blood Pressure – Systolic		Triglycerides	
Blood Pressure – Diastolic		Blood Glucose	

Provider Name (print): _____

Provider Signature: _____

Contact #: _____

Date: _____

This program is 100% HIPAA compliant. According to the Affordable Care Act (ACA), if it is unreasonably difficult due to a medical condition for your employee(s) to achieve the standard for your company's wellness discount, upon written notification, Gateway Health will provide your member with a reasonable alternative form to be completed by the member's Primary Care Provider. If the provider deems the member unable to meet the standard to qualify for the wellness discount, the provider will make recommendations that may entitle the member to receive the discount or incentive. Requirements, eligibility, and services may change from time to time so please contact your Health Improvement Program for updates. For a copy of the reasonable alternative form, contact *Healthy Solutions* for materials or more information at 844-284-2836.