Check In Check Up

January - December 1, 2024

Check In & Check Up is a program that encourages you to meet with your primary care physician, as well as, learn more about your overall state of health. This program can help you to catch issues early or maintain a high level of health. Your employer is encouraging you to participate in Check In & Check Up by offering an incentive to complete the program.

What do I do?

Step 1: Schedule your annual physical/wellness exam appointment with your physician. This exam should also include a blood draw as part of your visit.

Step 2: Bring the "Physician's Form" with you to your appointment.

- Be sure to fill out the patient information with your signature (located at the bottom of the -form) and have your physician complete the other sections entirely.

Step 3: **Send in your completed form (attach lab results)** to wellness@spirewell.com, mail to -- 450 East 96th Street Suite 500 Indianapolis, IN 46240 or f**ax to 317-735-1528**, no later than December 1st, 2024. You will receive a confirmation email once your information is submitted.

Step 4: Your results will be uploaded to the wellness portal for your review.

What will occur at my appointment?

During your appointment, your physician will run a series of tests, some of which will include:

- **Body Mass Index**
  Risk factor for hypertension, high cholesterol, coronary disease, diabetes or mortality.
- **Blood Pressure**
  Risk factor for stroke, heart attack or kidney problems are greater.
- **Cholesterol – Total, LDL ("bad") and HDL ("good")**
  Risk factor for heart disease, stroke and other circulatory problems.
- **Triglycerides**
  Risk factor for heart disease, diabetes and stroke.
- **Glucose**
  Risk factor for damaging your body and cause problems, such as diabetes.

Make Sure Your Appointment is Coded as a Preventive Exam

Preventive exams are fully covered through our company's insurance plan. In order to make sure this takes place and that you are not billed afterwards, follow these guidelines:

- When scheduling your appointment, be sure it's for your annual physical/wellness exam.
- Conversation should be directed towards preventive health topics, which are included on the form.
- Be sure that your physician is within your benefit network.
- Make sure that your physician codes your appointment as a preventive, ***please use Z00.00 for the DX code and procedure codes 99381-99387 or 99391-99397 to code for the wellness physical***

PHYSICIAN LETTER

Dear Physician,

Your patient is a participant in their company's "Check In & Check Up" program, which is a program designed to encourage individuals to see their physician. Through this program, the goal is to complete their annual physical (including a biometric screening), as well as, help individuals be proactive in improving their health and well-being.

The biometric screening test will include:

- Height
- Weight
- Waist Circumference
- Body Mass Index
- Blood Pressure
- Total Cholesterol
- LDL Cholesterol
- HDL Cholesterol
- Total Cholesterol/HDL Ratio
- Triglycerides
- Glucose and/or A1C

Your help is needed! Please follow the instructions listed below:

- Fill out the Physician Form (Biometric Results & Physician Signature/Date)
- Fax or Email the completed form, with the lab results attached, scan and send them to wellness@spirewell.com or fax to 317-735-1528.
- **Deadline for returning the completed form and lab results is December 1, 2024.**

We appreciate your support and commitment to your patient! Thank you in advance for your time in your patient's Check In & Check Up program. Should you have any questions, please reach us at 317-715-1415 or at **wellness@spirewell.com**.

In good health,

Spire Wellness' Check In & Check Up Program

BUTLER UNIVERSITY

Check In Check Up

Physician Form Deadline: December 1, 2024

Questions?
Call or email: 317-715-1415
wellness@spirewell.com

Patient Information:

Name: _____ Date of Visit: _____/_____/ 2023

Date of Birth: _____ Age: _____ Gender: ☐ Male / ☐ Female

Home Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Biometric Results – Physician Only (please include a copy of the lab work):

Females Only: Are you currently pregnant? ☐ Yes ☐ No

Tobacco Use in the last 6 months? circle one Yes No

Height:	_____	ft.	_____	in.	Total Cholesterol:	_____	mm/dl
Weight:	_____	lbs.			LDL Cholesterol:	_____	mm/dl
Waist Circumference:	_____	In.			HDL Cholesterol:	_____	mm/dl
Body Mass Index:	_____				TC/HDL Ratio:	_____	
Systolic Blood Pressure:	_____	mmHg			Triglycerides:	_____	mm/dl
Diastolic Blood Pressure:	_____	mmHg			Glucose:	_____	
					A1C:	_____	

Signatures: (Must be completed by Physician)

Physician Name (Print): _____ Date of Visit: _____

Physician Signature: _____

I _____certify that all of the data above was provided by a practicing physician and that all is correct and true. I hereby acknowledge that I have read and understand the "Consent/Authorization Release Form"

1 I agree to voluntarily participate in this health screening provided by a practicing physician.
2) I understand that the information collected within this screening is confidential.
3) I understand that it is my responsibility to discuss any results of these tests with my physician.
4) I understand that my individual health information collected within this screening will be used for the purpose of fulfilling and receiving the wellness program incentive through my employer.
5) I understand that if I do not understand what is asked of me and/or the participation requirements, it is my responsibility to ask the coordinator of the screening event for further guidance and information.
6) I release the Wellness Vendor/Partner and/or my employer from any and all liability arising from or in any way connected to my health screening.
7) I understand and agree with the HIPAA Privacy information that was provided to me.

Employee/Participant Signature: _____ Date of Visit: _____

Returning Completed Form Options (no later than December 1, 2024):

Please do not send this form to HR

SCAN, EMAIL, OR FAX TO:
wellness@spirewell.com
Subject Line - Butler Univ

FAX TO:317-735-1528