



Koj Qhov Nyiaj \$150 Muab Pub Ntsuam Kev Noj Qab Haus Huv

Cov Neeg Ua Haujlwm,

Nws yooj yim yeev rau tau koj qhov \$150 Muab Pub Ntsuam Kev Noj Qab Haus Huv! Tsis pub dhau lub **Kaum Hli xiab 13, 2023**, ua kom tiav koj cov:

1. Ntsuam Kev Noj Qab Haus Huv

- Hu 1-800-821-6591 teb koj daim lus Ntsuam Kev Noj Qab Haus Huv hauv **xovtooj**. Koj thov kom muaj ib tug txhais lus tau.

los

- Hu 1-800-821-6591 thov kom xa **daim ntawv** Ntsuam Kev Noj Qab Haus Huv rau lus Askiv los *Spanish*. (Rau lwm yam lus, siv ib tug neeg txhais lus teb koj qhov kev Ntsuam nyob hauv xovtooj.)

2. Kuaj Kev Noj Qab Haus Huv

- Hu 1-800-821-6591 teem ib lub caij **30-nas thi tham nrog ib tug muab tswv yim qhia**. Cov caij qhia no muaj nyob hauv xovtooj. Koj thov kom nrhiav ib tug txhais lus tau.

los

- Teev daim **Healthcare Provider Form**.
 - Nqa daim ntawv mus rau ib lub caij teem ntsib kws kuaj mob, los siv cov ntaub ntawv zaum tas no koj ntsib kws kuaj mob.
 - Xa koj daim ntawv teev tiav tuaj **ua ntej lub Kaum Hli xiab 13, 2023**.
 - Koj tsuas sau koj cov no xwb: **ntsav siab li cas, siab li cas**, thiab **nyhav npaum cas**.

Yog koj ua qhov **Ntsuam Kev Noj Qab Haus Huv** thiab **Kuaj Kev Noj Qab Haus Huv** ua ntej lub Kaum Hli xiab 13, koj yuav tau daim \$150 *Visa Gift Card* uas xa tuaj.

Yog koj tsis tau txais daim *card* nyiaj muab pub ua ntej lub Kaum Ob Hlis xiab 15 (los yog koj muaj lus nug), hu 1-800-821-6591.

*Qhov \$150 muab pub no suav tam li nyiaj yuav tau txiav se thiab tau qhia rau koj qhov chaw ua haujlwm txog kev txiav se lawm.

*Tsis kom yuav tsum koom rau qhov nyiaj muaj pub no. Peb yuav tsis qhia koj cov ntaub ntawv los kev ntsuam no rau *ETF*, Cov Chaw Muag Paj Kas Phais kuaj mob, los rau koj qhov chaw ua haujlwm.

*Qhov kev ntsuam no tsis hloov kev ntsib koj tus kws kuaj mob. Qhov kev ntsuam ntsav, siab, nyhav thiab teb cov lus txog kev noj qab haus huv tsis qhia tias muaj teeb meem li cas los yuav tau kho li cas. Nco ntsoov nrog koj tus kws kuaj mob tham.

Teev Koj Daim Ntawv Ntsib Kws Kuaj Mob

Teev daim ntawv no tsis txhob pub dhau lub **Kaum Hli xiab 13, 2023**.

- Nqa daim ntawv no mus ntsib kws kuaj mob, los siv cov ntaub ntawv zaum tas no koj mus ntsib.
- Yog koj tee daim ntawm no, koj **tsis** tau nrog ib tug neeg muab tswv yim tham hauv xovtooj.

Kauj Ruam 1 – Sau koj:

- lub npe thiab xeem (tib yam li hauv cov ntaub ntawv chaw ua haujlwm)
- hnuv yug (hli, hnuv, xyoo)

Kauj Ruam 2 – Sau koj:

- qhov ntshav siab (*systolic* thiab *diastolic*)
- siab npaum cas (*feet* thiab *inches*)
- nyhav (npaum cas)

(Cov nyob Kauj Ruam 2 no nyob ntawm **yeem**. Koj **tsis tas** tso lawv.)

Kauj Ruam 3 – Twm koog hais txog tso cai. Ces:

- kos koj lub npe
- tso hnuv rau

Kauj Ruam 4 – Xa daim ntawv no tsis pub dhau lub **Kaum Hli xiab 13, 2023**, raws ib qho nram no:

- *fax*: 402-218-4378,
- muab tso rau hauv: totalwellnesshealth.com/gravity-landing/wellwi/, los
- xa rau:

*TotalWellness
Attn: Data Team
9320 H Court
Omaha, NE 68127*

Puas muaj lus nug? Hu 1-800-821-6591

*Qhov \$150 muab pub no suav tam li nyiaj nyuav tau txiav se thiab tau qhia rau koj qhov chaw ua haujlwm txog kev txiav se lawm.

*Tsis kom yuav tsum koom rau qhov nyiaj muaj pub no. Peb yuav tsis qhia koj cov ntaub ntawv los kev ntsuam no rau *ETF*, Cov Chaw Muag Paj Kas Phais kuaj mob, los rau koj qhov chaw ua haujlwm.

*Qhov kev ntsuam no tsis hloov kev ntsib koj tus kws kuaj mob. Qhov kev ntsuam ntsav, siab, nyhav thiab teb cov lus txog kev noj qab haus huv tsis qhia tias muaj teeb meem li cas los yuav tau kho li cas. Nco ntsoov nrog koj tus kws kuaj mob tham.

Health Care Provider Form – Well Wisconsin Program

Instructions:

Complete Steps 1-4 on this form to verify that you are current on your preventive healthcare.

Submit this form by **October 13, 2023**. Print clearly.

Step 1: Please note this information must match your health insurance enrollment data

First Name:

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Last Name:

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Date of Birth: (mm/dd/yyyy)

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Email: (Required to provide confirmation of form receipt.)

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Did you fast for at least 9 hours before your lab work or screening? (No food. Only water permitted.)

Are you pregnant?

Yes No Yes No N/A

Step 2: Complete

Date of Screening: (mm/dd/yyyy)	REQUIRED	REQUIRED	REQUIRED	
	Blood Pressure:	Height:	Weight:	Waist:
/	/	/	/	
Systolic	Diastolic	Ft.	Inches	Inches

Glucose:	Total Cholesterol:	HDL:	LDL:	Triglycerides:

Health Care Provider Name: _____ **Phone Number:** _____

Health Care Clinic: _____

Step 3: Complete

Disclosure of Information. I understand that the information submitted on this form (my "Personal Information") will be transferred to WebMD by TotalWellness. My Personal Information is used by WebMD to provide wellness program services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by WebMD or by another service contractor. In the event that WebMD's services are transitioned to another service provider, WebMD may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, WebMD may provide my name/unique ID to my employer or its designated representative to notify them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to my employer for program administration purposes. WebMD may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I also understand that my Personal Information may be incorporated into my Health Assessment results by WebMD. Except for these types of usage and the uses specified in my WebMD Online terms of use and Privacy Policy, available under the "Policies" link at the bottom of the following URL (webmdhealth.com/wellwisconsin), my Personal Information will not be disclosed by WebMD. WebMD understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). WebMD will comply with the HIPAA to the extent applicable.

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this screening may be considered information protected under GINA ("GINA Protected Information"). GINA requires that you receive this GINA Notice and Authorization prior to undergoing the screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. Your GINA Protected Information will be disclosed to you and to vendors of the Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged or transferred, except to the extent permitted by law to carry out activities related to the Employer Program. You will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity. You may not be discriminated against in employment because of the GINA Protected Information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Certification: By signing this form, I certify that the information supplied on this form is accurate and has been provided by me by my physician.

X

Participant Signature Authorizing Disclosure (REQUIRED) **Date**

Step 4: Submit Form by 10/13/2023 Participants may fax this form to 402-218-4378, mail it to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127 or securely upload it electronically at totalwellnesshealth.com/gravity-landing/wellwi/. If you entered your email address, you will receive verification that your form has been received within two business days.