Biometrics Screening – Provider Form

Please print legibly. Incomplete or illegible forms will not be processed. Write your first and last name exactly the way they appear on your payroll stub and/or your medical benefits card. PLEASE NOTE: Fields marked with an asterisk (*) are *required*. Biometric screening results are optional. The form WILL NOT be processed if any required fields are missing. *Be Advised that The City of Pasadena WILL NOT receive any of your personal health information. Your submission will be completely confidential and only viewable by FitThumb.*

Part I – To be completed by Eligible Member	
*Employee Number	
Reason For Submitting Form: ☒ Biometrics Screening for this plan year	
Employer Group: City of Pasadena TX	*Relation to Employee: ☐ Employee ☐ Spouse
*First Name:	*Last Name:
Gender: ☐ Male ☐ Female	*Date of Birth: (MM/DD/YYYY):
*Phone Number:	Email Address:
MEMBER ATTESTATION/AUTHORIZATION: By submitting this form, I certify that I have completed my Biometric Screening in order to receive the wellness premium discount. I have provided this form to FitThumb and give my authorization to report the results. I attest that I have read and agreed to the Use and Disclosure Statement. *Member Signature:_____ *Date: _____	

You will be responsible for maintaining a record of this form. Please keep a copy to ensure you receive the wellness premium discount.

Part II – To be completed by Provider				
Your patient's employer is encouraging all of its employees to take an active role in managing their health by completing a biometric screening. We do not require the test results; we only need to know that the screening was completed.				
*Date of Screening:			Total Cholesterol (mg/dL):	
Fasting (8-12 hours)?	☐ Yes ☐ No	Pregnant? ☐ Yes ☐ No	LDL (mg/dl):	
Tobacco Use within the last 6 months?	☐ Yes ☐ No		HDL (mg/DL):	
Weight (pounds):			Triglycerides (mg/dL):	
Height:	ft in		Total Cholesterol/HDL Ratio:	
Blood Pressure (mmHG):			Blood Glucose (mg/dL):	
*Provider Name:		*Provider Phone #:		UPIN/NPI#:
*Provider Signature:_____ *Date: _____				

This form must be signed by the physician and received on or before the deadline specified by the City of Pasadena

Forms Dropped off to Human Resources will NOT be accepted

SECURE Fax: 1-605-653-2414
SECURE Email: Support@FitThumb.com
HR@pasadenatx.gov or Fax: 713-475-7204

Privacy Statement: Your privacy is important. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability & Accountability Act (HIPAA).