HUMANA Vitality

Personal Physician Vitality Check Form

Dear HumanaVitality Member,

Vitality Points are awarded for each Vitality Check measurement you complete, such as blood glucose, total cholesterol, blood pressure and height and weight measurements. If your results are in a healthy range, you will earn more Vitality Points. You can earn these points once per program year.

Member Instructions:

1. Set up a visit at your doctor's office. When you make the appointment tell them of your need for body measurements, blood pressure measurements, and complete cholesterol and fasting blood glucose tests.

2. Fill out **Section A. Member Information** of this worksheet.

3. Take this worksheet with you to your appointment and give it to the doctor or to someone on your doctor's office staff.

4. Have someone on your doctor's office staff fill out **Sections B and C**. When the test results are returned, please arrange to get the completed form and the test results report from your doctor's office.

5. To qualify for Vitality Points, you must take charge of sending this completed form and the test results report to HumanaVitality within 90 calendar days of the appointment date with your doctor. You can either fax or mail these to:

Fax: **(877) 250-7814**

Mail: **HUMANA CLAIMS OFFICE**
P.O. Box 14601
Lexington, KY 40512-4601

You can also make arrangements with your doctor's office to send the completed form and test results report to HumanaVitality for you but please keep in mind that you are responsible for making sure we receive your form and results.

Please Note: Humana periodically conducts random checks to confirm the accuracy of information received. Submission of incorrect or inaccurate information may result in the member not earning or the removal of Vitality Points and Vitality Bucks.

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Section A – Member Information: to be filled out by member – please print

First Name:	Last Name:
Member ID #:	Date of Birth: (mm/dd/yyyy)

Section B – Doctor and/or Facility Information: to be filled out by doctor or doctor's staff – please print

Doctor & Practice Name:	Address:
National Provider ID # or CLIA #:	Phone #:

Section C – Measure and Test Results

Body Measures

Height	inches
Weight	lbs
Waist circumference	inches

Blood Pressure

Systolic	mmHg
Diastolic	mmHg

Clinical Laboratory Test Results

Total Cholesterol	LDLCholesterol	HDL Cholesterol	Triglycerides	Fasting Blood Glucose
mg/dl	mg/dl	mg/dL	mg/dL	mg/dl

Please return this form to the patient as well as the test results report. The patient is responsible for faxing or mailing this completed worksheet <u>and</u> the test results report to:

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