

# 2014 Online Scheduler

**PARTNERS**  
**FOR HEALTH**<sup>SM</sup>

November 12, 2013

# Login Screen



## 2014 Biometric Health Screenings

Required for EMPLOYEES and SPOUSES enrolled in the 2014 Partnership PPO

**1** Register below for an onsite screening or physician screening form.



[Register Now](#)

**2** Complete your onsite screening or physician screening form.



### 2014 Biometric Screening Options:

Register for a Worksite Screening or Print a Physician Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) enrolled in the Partnership PPO must complete a biometric screening by July 15, 2014. You can register

for a worksite screening or print a physician screening form below. 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

[Register for your Screening](#)

### Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID	<input type="text"/>	<input type="radio"/> Employee	<input type="radio"/> Spouse
Email Address (optional)	<input type="text"/>	Birthday	Gender
		mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	<input type="radio"/> M <input type="radio"/> F
<a href="#">Save &amp; Continue</a>			

#### Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

# Login Screen

## 2014 Biometric Health Screenings

Required for EMPLOYEES and SPOUSES enrolled in the 2014 Partnership PPO

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Register Now ▾

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for a worksite screening or print a physician screening form below. 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

Register for your Screening ▾

Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) enrolled in the Partnership PPO must complete a biometric screening by July 15, 2014. You can register

below 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

Register for your Screening ▾

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID   Employee  Spouse

Email Address (optional)  Birthdate  /  /  Gender  M  F

Looking for Help?

Choose Option 1 to speak to a Customer Service Representative

# Login Screen - Registration

## Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID   Employee  Spouse

Email Address (optional)

Birthday

Gender  M  F

[Save & Continue](#)

Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

[Register Now](#)

### 2014 Biometric Screening Options:

Register for a Worksite Screening or Print a Physician Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) enrolled in the Partnership PPO must complete a biometric screening by July 15, 2014. You can register for a worksite screening or print a physician screening form below. 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

[Register for your Screening](#)

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID   Employee  Spouse

Email Address (optional)

Birthday

Gender  M  F

[Save & Continue](#)

Looking for Help?

1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

# Screening Options – Physician Screening Form



REGISTER FOR A SCREENING

LOG OUT

## REGISTER FOR A HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Download Your Form Now](#)



### Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.

[Choose Screening](#)

#### Screening Option Tips:

Print form. Measure and record your waist circumference on the form.

Select a screening location, time and date.

Fast 9 hours before your doctor's appt.

Fast for 9 hours before your screening appt. time.

Take the form to your appt.

Arrive to your screening appt. time 15 minutes early.

Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.

Review results with an onsite health care professional.

Make sure you and your doctor sign the completed form.

Onsite screening results will be sent to Healthways.

You or your doctor must fax the completed form to 1.214.203.0395



### Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2014 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2015. In 2014, all Partnership PPO members must complete a biometric screening by July 15, 2014. [Click here to view the 2014 Partnership Promise](#)

#### Looking for Help?

1-888-741-3390



Choose Option 1 to speak to a Customer Service Representative

# Physician Screening Form - Confirmation Page

Annual Physical 2 Confirmation

## Confirmation

Physician Screening Form

Looking for Help?  
1-888-741-3390  
Choose Option 1 to speak to a Customer Service Representative

### Preparation

Print Paperwork **Step 1**

Click to download form here

**Complete & Submit the Form**

\*Make an appointment with your doctor. Or, if you have already attended a doctor's appt. and had blood work completed, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

**Remember to Fast**

\*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

**Make Sure Your Form is Submitted**

\*You or your doctor must fax the completed form to 1.214.203.0395. Make sure all form fields are completed. Incomplete forms will not be processed.

Registration Complete  
Change your mind? [Cancel](#)

# Physician Screening Form – Download and Print



**PRIMARY CARE PHYSICIAN  
BIOMETRIC SCREENING FORM**



53287

**Employee/Member ID** \_\_\_\_\_ **MRN** \_\_\_\_\_ - \_\_\_\_\_

**UPPERCASE ONLY and stay within the lines**

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**DOB (MM/DD/YYYY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender**  
 Male  Female

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC on behalf of Healthways results from a blood draw and laboratory analysis performed by my physician within the past twelve (12) months for the tests listed below. I agree to associate any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with employer. I understand that my employer or benefits provider may from time to time offer enrollees other health and wellness services and programs (collectively, "Other HealthWelfare Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Other HealthWelfare Program providers so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other HealthWelfare Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other HealthWelfare Program providers sponsored by my employer or benefits provider, I must notify Healthways in writing at Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

**Participant's Signature** \_\_\_\_\_ **Today's Date (MM/DD/YYYY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR PHYSICIAN OR OFFICE STAFF USE ONLY BELOW THIS LINE**

**Height** \_\_\_\_\_ ft \_\_\_\_\_ inches **Blood Pressure - Systolic** \_\_\_\_\_ mm Hg **HDL** \_\_\_\_\_ mg/dl **Fasting**  Yes  No

**Weight** \_\_\_\_\_ pounds **Blood Pressure - Diastolic** \_\_\_\_\_ mm Hg **LDL** \_\_\_\_\_ mg/dl

**Waist** \_\_\_\_\_ inches **Glucose** \_\_\_\_\_ mg/dl

**BMI** \_\_\_\_\_ **Total Cholesterol** \_\_\_\_\_ mg/dl

I certify these values are correct **Triglycerides** \_\_\_\_\_ mg/dl

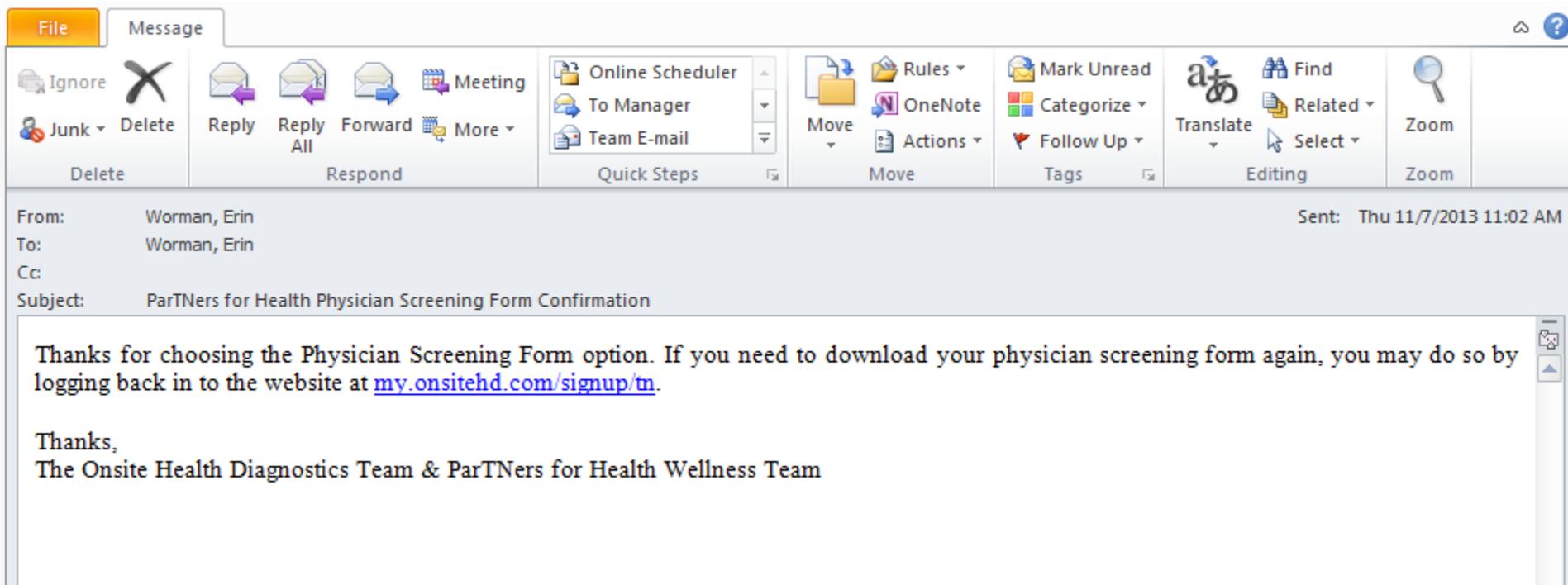
**Physician's Signature** \_\_\_\_\_

**Date of Exam (MM/DD/YYYY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Facility Stamp**

Please fax this form to (214) 203-0395. If you have any questions regarding this form, please call (877) 366-7483.

# Physician Screening Form - Confirmation Email



The image shows a screenshot of an email client interface. At the top, there are tabs for 'File' and 'Message'. Below the tabs is a ribbon with various action buttons: Ignore, Delete, Reply, Reply All, Forward, Meeting, More, Quick Steps (Online Scheduler, To Manager, Team E-mail), Move, Rules, OneNote, Actions, Mark Unread, Categorize, Follow Up, Tags, Translate, Find, Related, Select, and Zoom. The email header shows: From: Worman, Erin; To: Worman, Erin; Subject: ParTNers for Health Physician Screening Form Confirmation; Sent: Thu 11/7/2013 11:02 AM. The main body of the email contains the following text:

Thanks for choosing the Physician Screening Form option. If you need to download your physician screening form again, you may do so by logging back in to the website at [my.onsitehd.com/signup/tn](http://my.onsitehd.com/signup/tn).

Thanks,  
The Onsite Health Diagnostics Team & ParTNers for Health Wellness Team

# Physician Screening Form - Registration Complete



MANAGE MY SCREENING

LOG OUT

## MANAGE YOUR HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

Selected

Cancel

Your Choice



### Onsite Screening

Worksite screenings are taking place February 1 - July 15, 2014 across the state. Register for yours today.

Change to This Option

Thank you for registering for your 2014 biometric screening.

If you need to change your screening option, download and re-print your physician form or reschedule your onsite screening appointment, revisit the site any time, and you will be returned to this page.

### To Log Back In:

1. Visit the site: [my.onsitehd.com/signup/tn](http://my.onsitehd.com/signup/tn)
2. Fill out the registration form again

#### Preparation

##### Print Paperwork

Step 1

Click to download form here or print later from the confirmation email.

##### Complete & Submit the Form

\*Have an appointment with your doctor. Or, if you have already attended a doctor's appointment and had blood work completed, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. Note: If you're a covered member, you have 120 days from their insurance coverage effective date to complete the biometric screening.

##### Remember to Fast

\*Remember to fast 8 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

##### Make Sure Your Form is Submitted

\*You or your doctor must fax the completed form to 1.214.203.6395. Make sure all form fields are completed. Incomplete forms will not be processed.

# Physician Screening Form - Cancellation



MANAGE MY SCREENING

LOG OUT

## MANAGE YOUR HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

✓ Selected

Cancel

Your Choice



### Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.

Change to This Option

Thank you for registering for your 2014 biometric screening.

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#### Preparation

##### Print Paperwork

Step 1

Click to download form here or print later from the confirmation email.

##### Complete & Submit the Form

\*Make an appointment with your doctor. Or, if you have already attended a doctor's appointment and blood work completed, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. Note: If not already covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

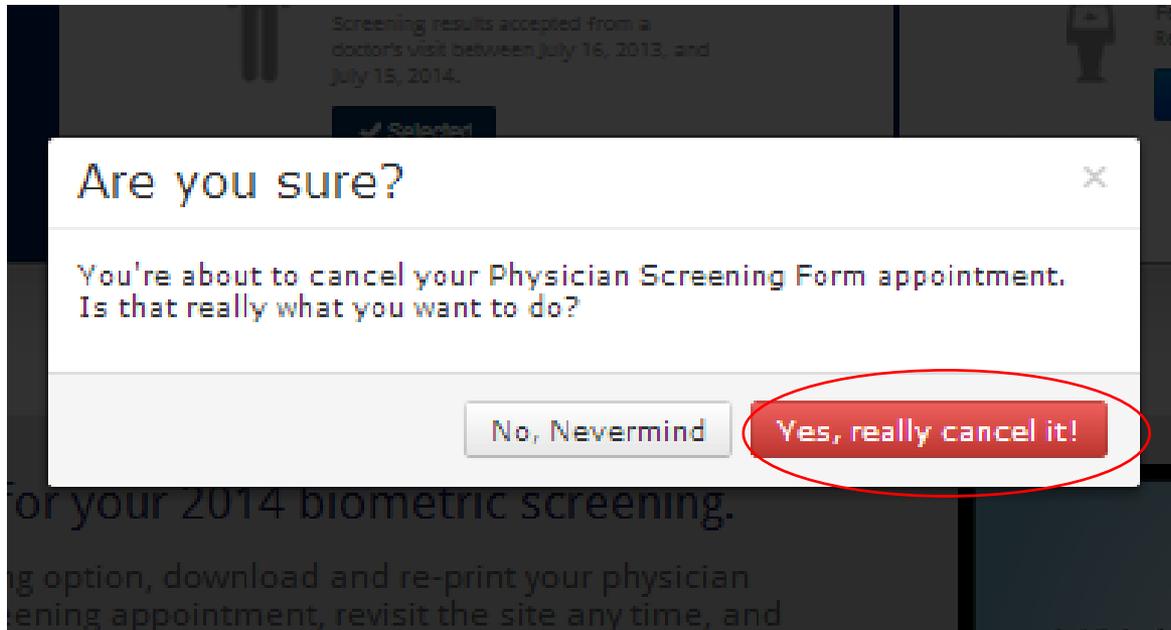
##### Remember to Fast

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# Physician Screening Form - Cancellation



# Screening Options – Onsite Screening



REGISTER FOR A SCREENING

LOG OUT

## REGISTER FOR A HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Download Your Form Now](#)



### Onsite Screening

Onsite screenings are to be placed February 1 – July 15, 2014 across the state. Register for yours today.

[Choose Screening](#)

#### Screening Option Tips:

	Print form. Measure and record your waist circumference on the form.	Select a screening location, time and date.
	Fast 9 hours before your doctor's appt.	Fast for 9 hours before your screening appt. time.
	Take the form to your appt.	Arrive to your screening appt. time 15 minutes early.
	Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.	Review results with an onsite health care professional.
	Make sure you and your doctor sign the completed form.	Onsite screening results will be sent to Healthways.
	You or your doctor must fax the completed form to 1.214.203.0395	



### Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2014 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2015. In 2014, all Partnership PPO members must complete a biometric screening by July 15, 2014. [Click here to view the 2014 Partnership Promise](#)

#### Looking for Help?

1-888-741-3390

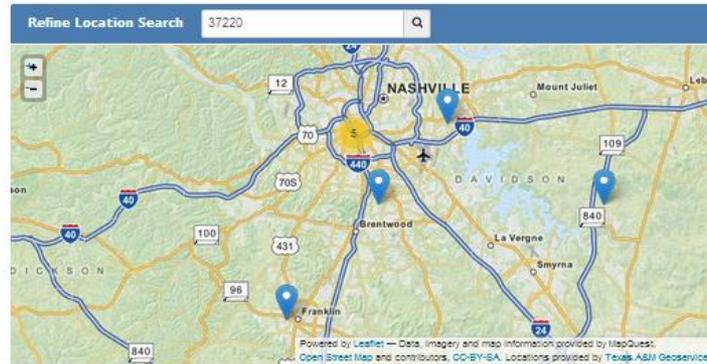


Choose Option 1 to speak to a Customer Service Representative

# Onsite Screening - Map

## Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.



### Map Legend

-  = 1 screening location
-  = cluster of screening locations  
\*Click to zoom & see individual locations

### Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

## Pick A Date & Time

<b>Andrew Jackson State Office Bldg</b>						
Apr 15, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Dept Of Agriculture - Ellington AG Center</b>						
Apr 16, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Dept of Children's Services</b>						
Apr 17, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Legislative Plaza</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Middle TN Mental Health</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Nashville State Community College</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Parkway Towers</b>						
Apr 19, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times

More Locations

# Onsite Screening - Map

## Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.

Refine Location Search

The map displays the Nashville, Tennessee metropolitan area, including parts of Davidson, Dickson, and Brentwood. Several blue location pins are scattered across the region. One pin, located south of Nashville near Brentwood, is circled in red. A red arrow originates from an inset map in the top right corner and points directly to this circled pin. The inset map shows a zoomed-in view of the area around the pin, with a white information box containing the text: "Dept Of Agriculture - Ellington AG Center", "440 Hogan Rd", and "Nashville, TN 37220".

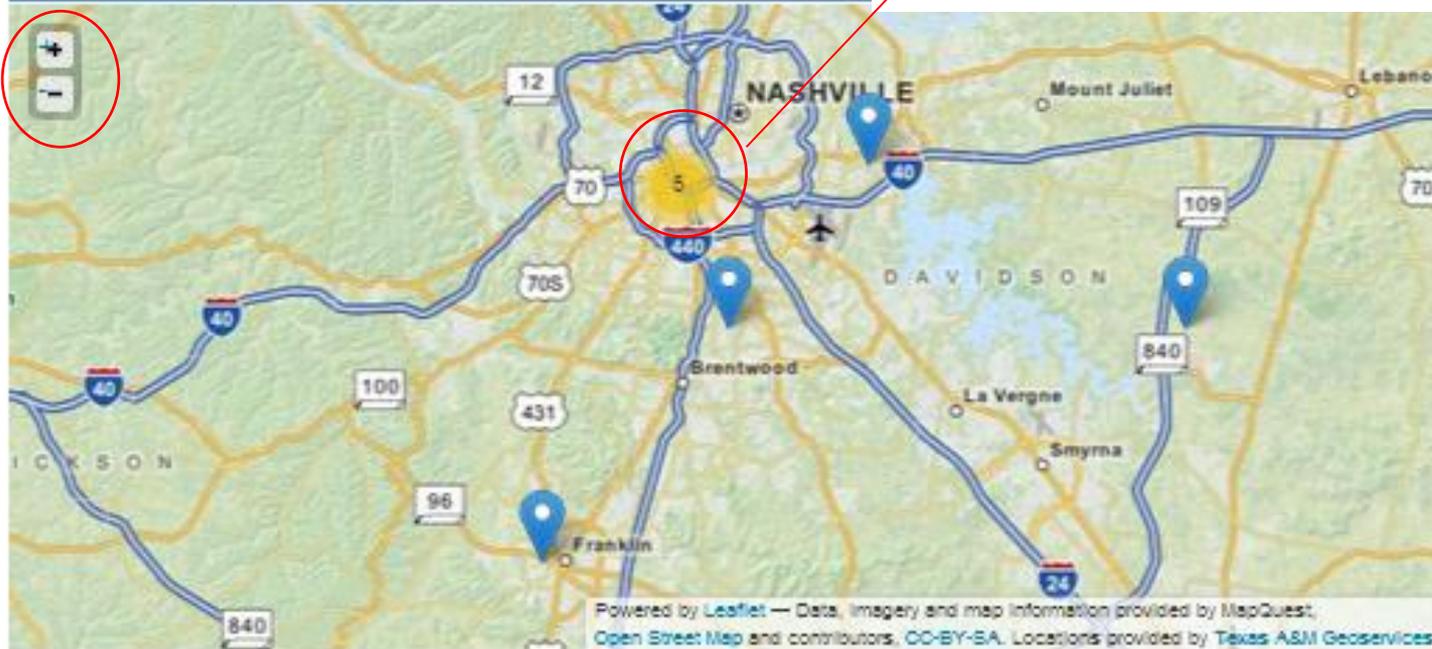
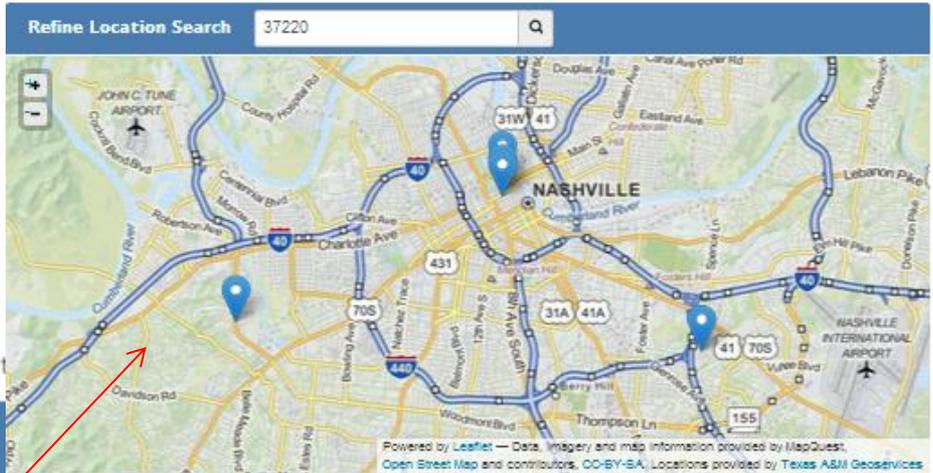
Powered by [Leaflet](#) — Data, imagery and map information provided by [MapQuest](#), [Open Street Map](#) and contributors. CC-BY-SA. Locations provided by [Texas A&M Geoservices](#)

# Onsite Screening - Map

Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust

Refine Location Search



# Onsite Screening – Select Day/Time & Schedule

Find

Enter y

## Choose A Date & Time

Ref

**Andrew Jackson State Office Bldg**

Apr 15, 2014

7:00 am 7:15 am 7:30 am 7:45 am 8:00 am [more times](#)

**You selected:** Apr 15, 2014 at 7:00 am [Schedule](#)

Powered by Leaflet — Data, Imagery and map information provided by MapQuest, OpenStreetMap and contributors, CC-BY-SA, Locations provided by Texas A&M Geoservices

## Pick A Date & Time

<b>Andrew Jackson State Office Bldg</b>	Apr 15, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Dept Of Agriculture - Ellington AG Center</b>	Apr 16, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Dept of Children's Services</b>	Apr 17, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Legislative Plaza</b>	Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Middle TN Mental Health</b>	Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Nashville State Community College</b>	Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>
<b>Parkway Towers</b>	Apr 19, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	<a href="#">more times</a>

[More Locations](#)

# Onsite Screening - Confirmation Page

## Confirmation

Onsite Screening  
**Date/Time:** Apr 15, 2014 7:00 AM (CDT)  
**Company/Site:** ANDREW JACKSON STATE OFFICE BLDG: 500 DEADERICK STREET, NASHVILLE, TN 37243, USA

## Preparation

Add Appt. to Your Calendar

Step  
1

To add an appointment reminder to your calendar click here.

Remember to Fast

\*

\*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

## After the Screening

After the Screening

\*

\*Review your results with an onsite health care professional.

Registration Complete

[Change your mind?](#) [Reschedule](#) | [Cancel](#)

# Onsite Screening - Confirmation Page

## Confirmation

Onsite Screening

Date/Time: Apr 15, 2014 7:00 AM (CDT)

Company/Site: ANDREW JACKSON STATE OFFICE BLDG: 500 DEADERICK STREET, NASHVILLE, TN 37243, USA

Confir

Onsite  
Date/  
Comp  
37243, USA

### Preparation

Add Appt. to Your Calendar

Step  
1

To add an appointment reminder to your calendar click here.

Remember to Fast

\*

\* Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

### After the Screening

After the Screening

\*

\* Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

# Onsite Screening – Calendar Reminder

## Preparation

### Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

### Remember to Fast



\*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

## After the Screening

### After the Screening



\*Review your results with an onsite health care professional.

### Confirmation

Onsite Screening  
Date/Time: Apr 15, 2014 7:00 AM (CDT)  
Company/Site: ANDREW JACKSON STATE OFFICE BLD  
37243, USA

### Preparation

#### Add Appt. to Your Calendar

Step 1

To add an appointment reminder

#### Remember to Fast

\*Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

### After the Screening

#### After the Screening

\*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

# Onsite Screening – Calendar Reminder

The screenshot shows a Microsoft Outlook appointment window titled "Health Screening with Onsite Health Diagnostics - Appointment". The ribbon includes "File", "Appointment", "Insert", "Format Text", and "Review". The "Appointment" ribbon is active, showing options like "Appointment" (Show), "Scheduling Assistant", "Invite Attendees", "Show As" (Busy), "Reminder" (None), "Recurrence", "Time Zones", "Categorize", "Private", "High Importance", "Low Importance", and "Tags".

Below the ribbon, a message states: "Adjacent to another appointment on your Calendar." The appointment details are as follows:

- Subject:** Health Screening with Onsite Health Diagnostics
- Location:** Andrew Jackson State Office Bldg (Nashville)
- Start time:** Tue 4/15/2014, 7:15 AM
- End time:** Tue 4/15/2014, 7:30 AM
- All day event

The main body of the appointment contains the following text:

Onsite Screening at Andrew Jackson State Office Bldg  
500 Deaderick Street, Nashville, TN 37243, USA

# Onsite Screening – Registration Complete

## Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

Remember to Fast

\*

\*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

## After the Screening

After the Screening

\*

\*Review your results with an onsite health care professional.

### Confirmation

Onsite Screening  
Date/Time: Apr 15, 2014 7:00 AM (CDT)  
Company/Site: ANDREW JACKSON STATE OFFICE BLD  
37243, USA

### Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder

Remember to Fast

\*

\*Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

### After the Screening

After the Screening

\*

\*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

# Onsite Screening - Registration Complete



MANAGE MY SCREENING

LOG OUT

## MANAGE YOUR HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Change to This Option](#)



### Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.

Selected

[Cancel](#) | [Reschedule](#)

Your Choice

Thank you for registering for your 2014 biometric screening.

If you need to change your screening option, download and re-print your physician form or reschedule your onsite screening appointment, revisit the site any time, and you will be returned to this page.

### To Log Back In:

1. Visit the site: [my.onsitehd.com/signup/tn](http://my.onsitehd.com/signup/tn)
2. Fill out the registration form again

[Click to download form here or print later from the confirmation email](#)

#### Complete & Submit the Form

\*Make an appointment with your doctor. Or, if you have already attended a doctor's appointment and had blood work completed, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. New HSA/HRSA/ACA members have 120 days from their insurance coverage effective date to complete the biometric screening.

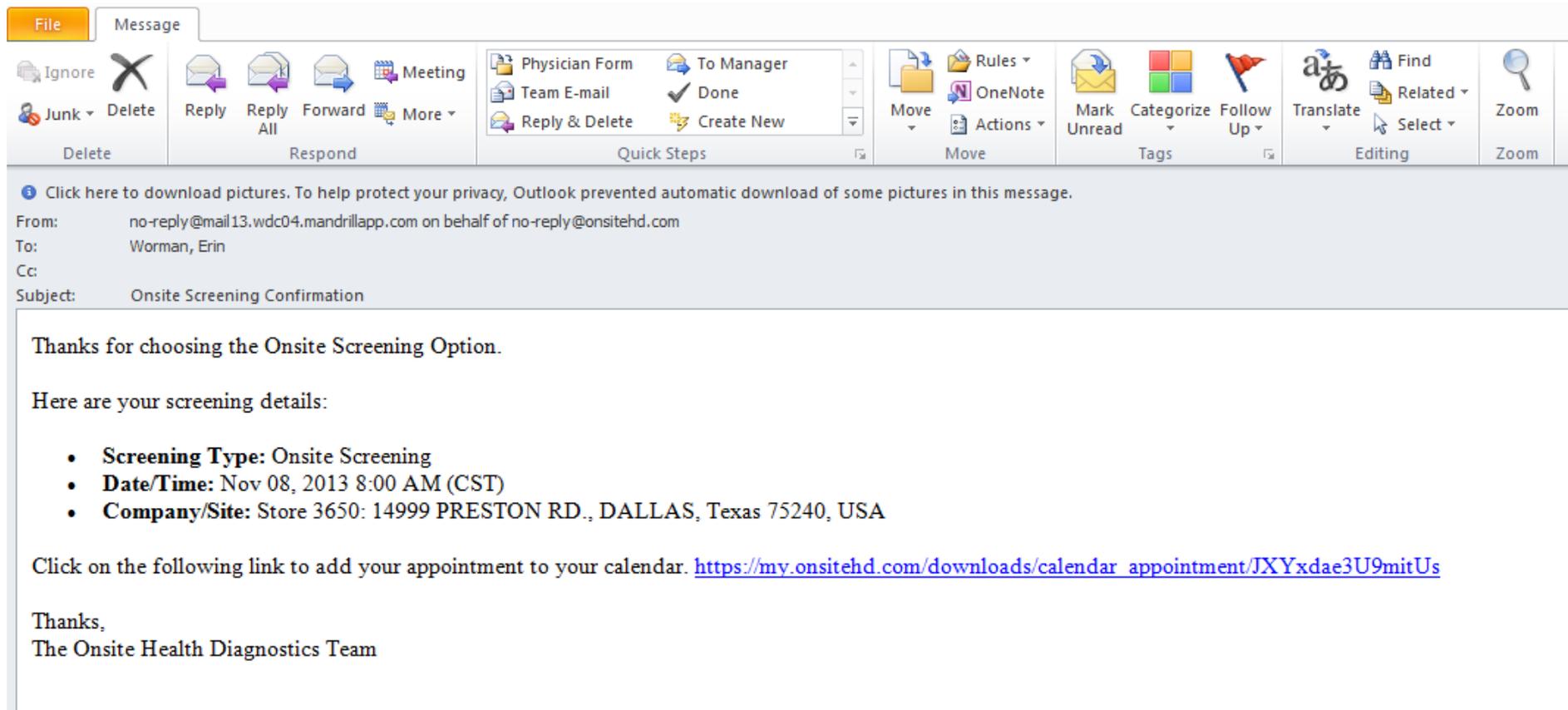
#### Remember to Fast

\*Remember to fast 8 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

#### Make Sure Your Form is Submitted

\*You or your doctor must fax the completed form to 1.214.203.6395. Make sure all form fields are completed. Incomplete forms will not be processed.

# Onsite Screening - Confirmation Email



The screenshot shows an Outlook email window. The ribbon at the top includes 'File' and 'Message' tabs. The 'Message' tab is active, showing various actions like Ignore, Delete, Reply, Reply All, Forward, Meeting, Physician Form, To Manager, Done, Create New, Move, Rules, OneNote, Actions, Mark Unread, Categorize, Follow Up, Translate, Find, Related, Select, and Zoom. The email header shows the following details:

From: no-reply@mail13.wdc04.mandrillapp.com on behalf of no-reply@onsitehd.com  
To: Worman, Erin  
Cc:  
Subject: Onsite Screening Confirmation

The email body contains the following text:

Thanks for choosing the Onsite Screening Option.

Here are your screening details:

- **Screening Type:** Onsite Screening
- **Date/Time:** Nov 08, 2013 8:00 AM (CST)
- **Company/Site:** Store 3650: 14999 PRESTON RD., DALLAS, Texas 75240, USA

Click on the following link to add your appointment to your calendar: [https://my.onsitehd.com/downloads/calendar\\_appointment/JXYxdae3U9mitUs](https://my.onsitehd.com/downloads/calendar_appointment/JXYxdae3U9mitUs)

Thanks,  
The Onsite Health Diagnostics Team

# Onsite Screening - Confirmation Page – Reschedule

## Preparation

Add Appt. to Your Calendar

Step  
1

To add an appointment reminder to your calendar click here.

Remember to Fast

\*

\* Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

## After the Screening

After the Screening

\*

\* Review your results with an onsite health care professional.

### Confirmation

Onsite Screening  
Date/Time: Apr 15, 2014 7:00 AM (CDT)  
Company/Site: ANDREW JACKSON STATE OFFICE BLDG  
37243, USA

### Preparation

Add Appt. to Your Calendar

Step  
1

To add an appointment reminder

Remember to Fast

\*

\* Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

### After the Screening

After the Screening

\*

\* Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

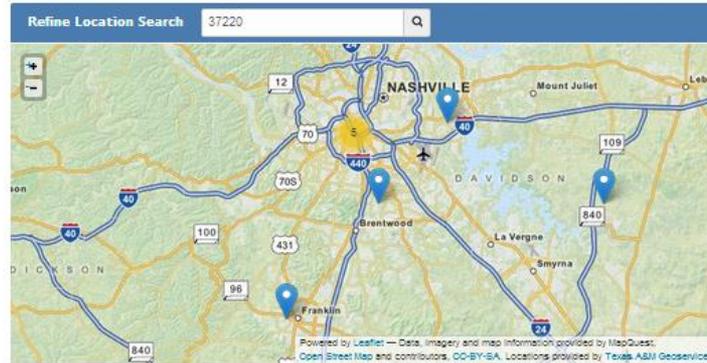
Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

# Onsite Screening - Reschedule

## Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.



### Map Legend

-  = 1 screening location
-  = cluster of screening locations  
\*Click to zoom & see individual locations

### Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

## Pick A Date & Time

<b>Andrew Jackson State Office Bldg</b>						
Apr 15, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Dept Of Agriculture - Ellington AG Center</b>						
Apr 16, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Dept of Children's Services</b>						
Apr 17, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Legislative Plaza</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Middle TN Mental Health</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Nashville State Community College</b>						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<b>Parkway Towers</b>						
Apr 19, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
<a href="#">More Locations</a>						

# Onsite Screening - Confirmation Page - Cancel

## Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

Remember to Fast

\*

\*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

## After the Screening

After the Screening

\*

\*Review your results with an onsite health care professional.

### Confirmation

Onsite Screening  
Date/Time: Apr 15, 2014 7:00 AM (CDT)  
Company/Site: ANDREW JACKSON STATE OFFICE BLD  
37243, USA

### Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder

Remember to Fast

\*

\*Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

### After the Screening

After the Screening

\*

\*Review your results with an onsite health care professional.

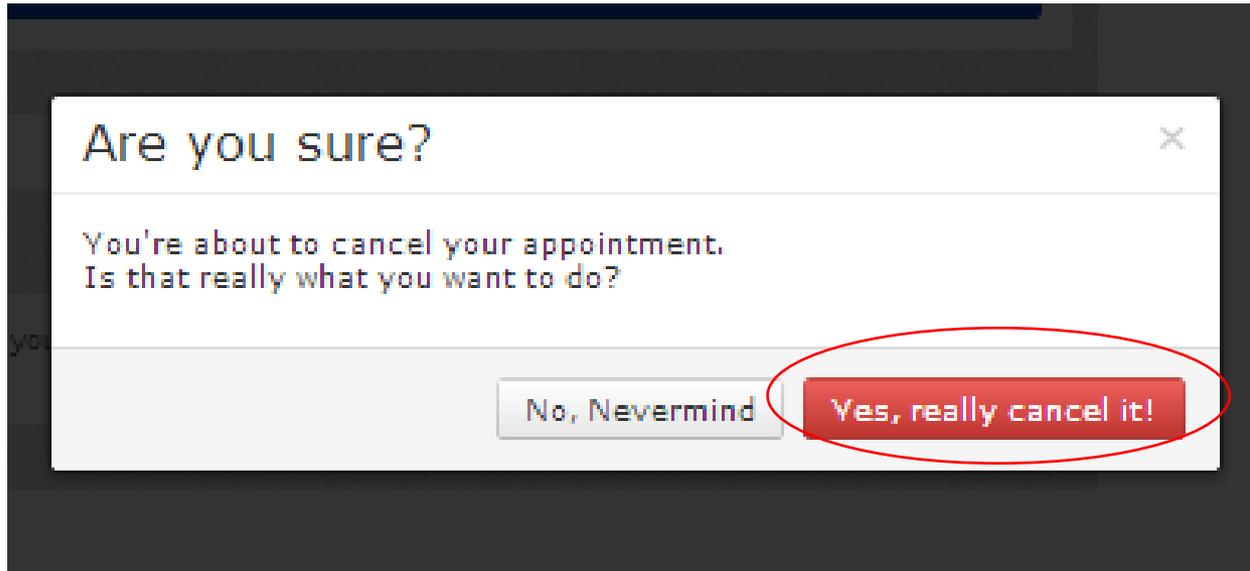
Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

# Onsite Screening - Cancellation



# Screening Options



REGISTER FOR A SCREENING

LOG OUT

## REGISTER FOR A HEALTH SCREENING

Choose only ONE option below



### Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Download Your Form Now](#)



### Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.

[Choose Screening](#)

#### Screening Option Tips:

	Print form. Measure and record your waist circumference on the form.	Select a screening location, time and date.
	Fast 9 hours before your doctor's appt.	Fast for 9 hours before your screening appt. time.
	Take the form to your appt.	Arrive to your screening appt. time 15 minutes early.
	Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.	Review results with an onsite health care professional.
	Make sure you and your doctor sign the completed form.	Onsite screening results will be sent to Healthways.
	You or your doctor must fax the completed form to 1.214.203.0395	



### Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2014 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2015. In 2014, all Partnership PPO members must complete a biometric screening by July 15, 2014. [Click here to view the 2014 Partnership Promise](#)

#### Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative