

Dear Participant,

Integrated Health 21 (IH21) is proud to partner with the City of Pittsburgh to facilitate programs for your health screening needs. This year the City of Pittsburgh is offering the opportunity for employees who are unable to participate at an onsite screening to obtain their results directly from their primary care physicians. Any co-pay, deductible, or cost for form completion will be the employee's responsibility. The screening includes the following:

- Full lipid profile (Total cholesterol, HDL, LDL, and Triglycerides)
- Blood sugar
- Blood pressure

You will need to contact your health care provider so that you can complete the screening. If you have obtained all of the required results anytime since **January 1, 2015**, then your provider may use that to complete the Screening Results form.

In order to satisfy this component of your wellness program your screening results must be sent to Integrated Health 21 between the following dates:

- **Beginning: December 1, 2015**
- **Ending: May 31, 2016**

It is critical that your information is returned to Integrated Health 21 in a timely manner. Your results MUST BE returned by your physician by direct mail or fax. Once you have had your screening with your doctor, please notify Charisse Smith in the Benefits Office at (412) 255-2950 to ensure that we have record of your screening along with your physician name and phone number.

See the attached instruction sheet that is included in this letter for detailed instructions.

If you have further questions regarding The City Fit Wellness Program, please discuss with a Wellness Guru when they visit your workplace or contact the Benefits Office 412-255-2532 . If you have questions regarding the screening process or results, please contact Integrated Health 21 at 1-800-451-6889.

Participant Instructions

Included in this packet is a **Screening Results** form to take to your Health Care Provider.

Step 1: Contact your primary care physician to make a preventive visit appointment and to obtain your biometric results and fasting lipid panel test. To ensure accurate results, we recommend that you fast 9 to 12 hours prior to your testing; however, water and black decaffeinated coffee/tea are acceptable. You are encouraged to take medication as prescribed by your physician. Please note any copays, deductibles or cost of form preparation by your health care provider is your responsibility.

Step 2: Provide your health care provider with the **screening form (see attached form)**. Your signed form must be completed and include:

- Blood Panels – with a copy of the actual lab report
- Blood pressure reading (systolic/diastolic)

Step 3: Ensure you have signed the Screening Results Form. Both you and your provider must sign the form. Forms without both signatures will NOT be accepted.

In order to satisfy this component of your wellness program your screening results must be sent to Integrated Health 21 between the following dates:

- **Beginning: December 1, 2015**
- **Ending: May 31, 2016**

Physician Instructions

Step 1: Complete and sign the **Screening Results** form.

Step 2: Include a **copy of the actual lab results**.

Step 3: Return the Screening Results Form and Lab Copy to IH21 Data Management by fax or mail to:

Integrated Health 21
2403 Sidney Street, Suite 220 B
Pittsburgh, PA 15203
or
Fax: 412-432-5714

If you have any questions, please contact IH21 at 1-800-451-6889 or ih21office@integratedhealth21.com



THE CITY OF PITTSBURGH PDR SCREENING RESULTS FORM

TO BE COMPLETED BY PARTICIPANT:

Participant Name _____
 Member ID as it appears on insurance card _____
 Home Address: Street _____
 City, State zip _____
 Date of Birth (mm/dd/yyyy) _____/_____/_____
 Gender *Male* *Female*
 Phone Number (____) _____ - _____
 Email _____

I authorize my health care provider to release my results to Integrated Health 21 (IH21). I understand that per IH21's Notice of Privacy Practices, which was acknowledged and made available to me upon registering for this form and is available by calling IH21 at 800-451-6889, my health information may be disclosed by IH21 to the insurer/administrator of my health plan. I also understand that it is my responsibility to 1) direct questions regarding testing to those administering the tests and 2) follow up with my physician to discuss the results of these tests. PARTICIPANT SIGNATURE _____ TODAY'S DATE ___/___/___

Critical Dates:

Lab results may be from the period: January 1, 2015 Lab results Due to IH21: May 31, 2016
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COMPLETED BY MEDICAL PROVIDER ONLY:

	Value	Date of Test			
Total cholesterol (mg/dL)*					
HDL (mg/dL)*					
LDL (mg/dL)*					
Triglycerides (mg/dL)*			Blood pressure: If over 140/90 , repeat once If over 160/100 , repeat twice	_____	
Glucose (mg/dL)*				_____	
Fasting 9-12 Hours	Y	N			

Please also include a **copy of the actual lab results. By signing below I certify results are correct.*

Facility Name _____ Facility Phone Required _____
 Printed Name of Medical Provider _____ NPI Number _____
 MEDICAL PROVIDER SIGNATURE _____ *Today's Date ___/___/___

**If date is not supplied, received fax date or posted date on mailed envelope will be used as the screening date.*
Please fax completed form and results to IH21 at 412-432-5714 by **05-31-2016. Date faxed ___/___/___ Or mail to Integrated Health 21, 2403 Sidney Street, Suite 220B, Pittsburgh, PA 15203.**