

Dear Physician and/or Clinician,

The patient listed below is participating in an employer-sponsored health-management program administered by The McCahill Group. This program includes submitting proof of an annual physical examination and a fasting biometric profile.

Employee - Please complete Section 1 & 2 of this form, and then provide the form to your physician.

Physician/Clinician – Please register all required measurements listed below, sign and send directly to the attention of The McCahill Group via mail or fax by our November 2, 2018 deadline.

PLEASE NOTE: NONE OF YOUR PRIVATE PERSONAL HEALTH INFORMATION WILL BE SHARED WITH DEMATIC.

Mailing Address – 2249 Wealthy St SE, Suite 235, Grand Rapids, MI 49506

Phone – (616) 493-0476 Fax – (888) 317-7599

1. EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Employee Name _____ Employee Clock # _____

2. PATIENT INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Patient's Name: _____ Male Female DOB: _____

Patient's Email Address: _____

Patient's phone number: _____

I authorize the physician's office completing this form to release the information below to The McCahill Group.

Patient's signature: _____

3. TEST RESULTS (TO BE COMPLETED BY PHYSICIAN OFFICE) Biometrics must be submitted before 11/2/2018.

TEST	RESULT	Fasting Status: <input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting
Total Cholesterol	_____ mg/dl	Cholesterol Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No
HDL	_____ mg/dl	Diabetic Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No
LDL	_____ mg/dl	BP Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No
Triglycerides	_____ mg/dl	Tobacco User: <input type="checkbox"/> Yes <input type="checkbox"/> No
Glucose	_____ mg/dl	Chronic Health Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Pressure	_____ mmHg	Height _____ inches
BMI	_____ (nn.n format)	Weight _____ pounds

When do you recommend this individual receive their next physical? 1 YEAR 2 YEARS

4. PHYSICIAN SIGNATURE (FORM NOT VALID UNLESS SIGNED)

Date of testing/measurements: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Office phone number: (_____) _____ NPI #: _____

Step #1

Schedule a preventive physical with your primary care physician, including your biometric blood panel screening.

Bring this “Know Your Numbers” form to your physician visit and request your doctor complete section 3 & 4 using your biometric screening results. Ask that your physician’s office please submit the form via the mailing address or fax number provided on the form. **Be sure to request a copy of your completed form for your records.** If possible, try to complete your biometric blood panel in advance of your meeting with your physician so your results can be reviewed during your exam. This is your opportunity to ask the physician any questions you may have, as well as addressing any high risk factors related to your health.

After your physician submits the form, **you should receive an email within 1-2 weeks confirming that your form has been received.** If you do not receive a confirmation email or need to check the status of your form contact The McCahill Group by calling 616-493-0476. Please refer to your HR Department for all other benefit related questions.

Step #2 – *NEW FOR 2018*

You must have an active account on the **Optimize Well Being platform** and be enrolled in the **“Optimize Well Being Weekly”** program.

- To confirm you have completed this simple step, please go to the Optimize program website, www.optimizewellbeing.com and login to your private wellness account*.
- Once you have logged in, click the “Programs” tab and confirm “Optimize Well Being Weekly” is listed under “Current Programs”. If it is not listed, you can click on “Optimize Well Being Weekly” and click “Join”.

Please note: The Optimize Well Being Weekly program is a weekly guidance promoting health education materials, wellness tips and relevant updates regarding Dematic’s Optimize program. If you DO NOT wish to receive these weekly emails, you have the ability to opt-out from email correspondence.

To opt-out of emails from the Optimize Wellness platform, log in to your private account and click Me>Settings on the upper left. Then change your “Receive Email Updates” setting to NO. Then scroll down and click “Save Changes”

**All individuals that were active Dematic employees before 9/2017 had accounts created on their behalf. If you have not yet logged into your private wellness account, you can login by going to optimizewellbeing.com and clicking on “I do not know my password” below the login box.*

New hires as of 2018 can create an account by going to optimizewellbeing.com and clicking “Sign Up” on the top right. Instructions for creating an account will then be emailed to you.

If you have any questions or need assistance in completing any portion of step #2 – please email the Optimize Wellness team manager, Kristin Sadler – kristin@mccahillgroup.com

ADDITIONAL IMPORTANT INFORMATION

- **An annual preventive physical exam can be done anytime between 01-02-18 and 11-2-18 (Deadline for submission).**
- **Our medical plans cover one annual preventative physical exam each calendar year.** Your appointments do NOT need to be 12 months apart. Your doctor's office may not be aware of this clause.
- **Though your annual preventative physical exam is covered 100% by your medical carrier, some tests that are performed in conjunction with your biometric screening may fall outside the window of what the CDC considers preventative blood work. Please check with your physician in advance of undergoing tests so that you can avoid any unforeseen costs. If your physician is unsure, work with their billing clerk and your medical carrier for confirmation.**
- If labs results are not available during your annual preventative physical exam, your doctor may require a return visit to review this information. Such an arrangement is typically billed as a diagnostic visit and will require payment for the office visit.

***NO PRIVATE HEALTH INFORMATION OR RESULTS OF YOUR BIOMETRIC PROFILE WILL BE PROVIDED TO DEMATIC. This program is being managed by our third-party wellness program partner, The McCahill Group and all your health information will be kept private and secure. The only information that will be provided to Dematic will be a compliancy list of individuals for whom a complete form has been submitted and that have completed Step #2 through joining the online wellness platform. The McCahill Group will provide Dematic Corp with an aggregate report of the overall findings.**