2025 B\Well Health Care Provider Form

The cost of lab tests will be covered if included as part of your annual preventive wellness exam.

Section 1: PARTICIPANT INFORMATION *To be completed by Participant*

Participant First Name: **Participant Last Name:**

Participant Date of Birth: *MM/DD/YYYY* **Participant Unique ID:** *Last 4 digits of your Social Security Number*

Email: *Required to provide confirmation of form receipt*

Gender: ☐ Male ☐ Female ☐ Prefer not to answer

Have you fasted for at least 9 hours? *No food. Only water permitted.* ☐ Yes ☐ No

Are you pregnant? *If yes, see APPEAL FORM.* ☐ Yes ☐ No

Section 2: PARTICIPANT CONSENT & SIGNATURE *To be completed by Participant*

REQUIRED **Participant Signature:** **Date:** *Between 9/21/2024 – 9/19/2025*

Section 3: BIOMETRIC SCREENING INFORMATION *To be completed by Provider*

Date of Screening: **Blood Pressure:** **Height:** **Weight:** **Waist:**

Between 9/21/2024-9/19/2025 **Systolic** **Diastolic** **Ft.** **In.** **Lbs.** **In.**

Glucose: **A1C:** **OR**

Total Cholesterol: **HDL:** **LDL:** **Triglycerides:**

Section 4: PROVIDER DETAILS *To be completed by Provider*

Provider Name: **Provider Phone Number:**

REQUIRED **Provider Signature:**

Submit your form at https://www.totalwellnesshealth.com/gravity-landing/baird/ (website option available 1/7/25) or fax to 402-939-0604 (fax option available, processed 1/7/25) by **5pm CT on September 19, 2025**.

- Forms received after the deadline will **not** be accepted.
- Do not batch forms together with other participants.
- You will receive a confirmation email within 48 hours of submission. If you do not receive a confirmation email within 48 hours, please resubmit your form. Please allow 10 business days for information to be available in your B\Well account.

Disclosure of Information. I understand that the information submitted on this form (my "Personal Information") will be transferred to WebMD by TotalWellness. My Personal Information is used by WebMD to provide wellness program services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offered by WebMD or by another service contractor. In the event that WebMD's services are transitioned to another service provider, WebMD may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, WebMD may provide my name/unique ID to my employer or its designated representative to notify them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to my employer for program administration purposes. WebMD may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I also understand that my Personal Information may be incorporated into my Health Assessment results by WebMD. Except for these types of usage and the uses specified in my WebMD Online terms of use and Privacy Policy, available under the "Policies" link at the bottom of the page at the following URL my Personal Information will not be disclosed by WebMD. WebMD understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). WebMD will comply with the HIPAA to the extent applicable.

GINA Notice and Authorization. This screening is part of your employer's wellness program ("Employer Program"), which is a voluntary wellness program administered according to federal rules, including the Genetic Information Nondiscrimination Act ("GINA"). The results of this screening may be considered information protected under GINA ("GINA Protected Information"). GINA requires that you receive this GINA Notice and Authorization prior to undergoing the screening. Your Employer Program uses GINA Protected Information to help you understand your potential health risks and to offer you other wellness program services. The Employer Program safeguards GINA protected information and will not disclose any GINA Protected Information, except as permitted by GINA and other applicable law. Your GINA Protected Information will be disclosed to you and to vendors of the Employer Program, for purposes of providing you with Employer Program services. Your GINA Protected Information will not be sold, exchanged, or transferred, except to the extent permitted by law to carry out activities related to the Employer Program. You will not be asked to waive the confidentiality of this information as a condition of participating in the Employer Program or as a condition of receiving any incentive. Your GINA Protected Information will only be disclosed to your employer in aggregate terms that do not disclose your specific identity.