



**HINES HEALTHY TOMORROWS PHYSICIAN & LAB REPORT FORM**

**\*FORM AND ALL REQUIRED LAB RESULTS MUST BE SUBMITTED TO HINES\***

**\*COMPLETE WITH ON-LINE HEALTH RISK ASSESSMENT TO BE ELIGIBLE FOR WELLNESS INCENTIVE\***

Hines Healthy Tomorrows Health Risk Assessment located at [www.coachingbyhines.com](http://www.coachingbyhines.com)

TO BE COMPLETED BY PATIENT:

- Name:
- Address:
- Email Address:
- Date of Birth:
- Health Plan ID:

TO BE COMPLETED BY PHYSICIAN OFFICE:

**Note: Please code this visit and any lab work as a preventive/routine as it is part of a group wellness program**

Date of Current or Last Office Visit:

**HEIGHT:**

**WEIGHT:**

**BLOOD PRESSURE:**

**WAIST CIRCUMFERENCE:**

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
Date

**\*\*All of the following criteria must be met to be eligible for the wellness incentive:\*\***

1. **ALL REQUIRED** laboratory tests:
  - **Lipid Panel: Total Cholesterol, HDL, LDL, Triglycerides, Total/HDL Ratio**
  - **Fasting HbA1c** (this test **will** be covered by the plan, along with all other required labs)
2. Results must be provided on an **official** laboratory form (a physician's letter will not suffice).
3. The blood sample must be drawn by venipuncture.
4. Lab tests should have been drawn within the dates of **January 1, 2020 through October 31, 2020**.
5. Lab results & this completed form must be received by Hines by **November 30, 2020**.
6. **COMPLETE** Hines Healthy Tomorrows annual on-line **Health Risk Assessment** at [www.coachingbyhines.com](http://www.coachingbyhines.com)

Please submit the completed form and lab report to Hines and Associates as soon as possible, but no later than November 30, 2020.

**fax to 1-800-735-1435**

or

By email to: [coach@hinesassoc.com](mailto:coach@hinesassoc.com)