



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

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, 2021 through October 31, 2021**.
5. Lab results & this completed form must be received by Hines by **November 30, 2021**.
6. **COMPLETE** Hines Healthy Tomorrows annual on-line **Health Risk Assessment** at 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, 2021.

fax to 1-800-735-1435

or

By email to: coach@hinesassoc.com