



Dear Participant & Healthcare Provider:

NECA Local No. 145 IBEW Welfare Plan offers its eligible members & spouses a wellness incentive, and the requirement is to complete a biometric screening for the 2024 wellness program year for your 2025 incentive. Screenings completed between **January 1, 2024 - October 31, 2024** will be accepted.

Please note: **Both** the *physician* and the *eligible member or spouse* must sign the completed form to be accepted.

If you have any questions regarding NECA Local No. 145 IBEW Health Screening requirements, please contact Anna Vander Beek at [avanderbeek@telligen.com](mailto:avanderbeek@telligen.com).

*Providers Please Note:*

If the information is not available and you need to perform any testing to provide the below information, please code the visit as Preventive or Wellness so that patient is not charged a deductible or does not have to pay out of pocket for the visit.

Please submit the Health Screening Results Form with lab results to Telligen **by November 30, 2024** via fax: **888-804-4595**

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## Physician's Biometric Screening Results

**PLEASE FAX TO TELLIGEN: 888-804-4595**

**PLAN NAME: NECA LOCAL NO. 145 IBEW WELFARE PLAN**

PATIENT FULL NAME	MALE or FEMALE (CIRCLE ONE)	TEST DATE
PATIENT EMAIL		LAST FOUR DIGITS OF SSN
DAY PHONE NUMBER		DATE OF BIRTH

**PLEASE INCLUDE THE FOLLOWING MEASUREMENTS/TESTS:**

Full Lipid Panel (Cholesterol)      Diabetes (Glucose)      Blood Pressure      Body Composition

Other \_\_\_\_\_

Fasting? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature (Patient) \_\_\_\_\_ Date \_\_\_\_\_

### BIOMETRIC SCREENING RESULTS:

TC: \_\_\_\_\_ HDL: \_\_\_\_\_ TRG: \_\_\_\_\_ LDL: \_\_\_\_\_ TC/HDL Cholesterol Ratio: \_\_\_\_\_ GLU: \_\_\_\_\_

Age: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_ Waist: \_\_\_\_\_

Signature (Physician) \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

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