Kansas City Sector Realthier Physician Screening Option

To access A Healthier You, log into: <u>www.MyBlueKC.com</u> or MyBlueKC App then click on Health and Wellness > A Healthier You



	Screening ronn	
EP 4: and click	THIS OPTION ALLOWS ACCESSIBILITY TO A PHYSICIAN SCREENING FORM (PSF) AND ABILITY TO SUBMIT THE COMPLETED DOCUMENTATION. If you and all the to move forward with the nogical mode and with the accession of the consent forms on the rate gave. One you find the moves will from an and the accession of the the consent forms on the state accession will be consent will be consent forms on the state accession will be consent form on the	
ntinue	Thank you for selecting the option to submit physician screening results. Note: If you do choose this option regular co-pays and deductibles may apply for the physician visit. You will be emailed the Physician Screening Form which you must complete and fax back to us. Please use your eight digit birth date to open the attachment (i.e. if you were born September 5, 1972 you would enter 09051972).	
	Criteria and Instructions:	
	The required laboratory tests include: Lipid Panel and Glucose (either fasting or non-fasting). The required biometrics include: Blood Pressure, Height, Weight, and Waist Circumference.	
	3. All of the information included on the Physician Screening Form is required. Any missing information will prevent your result from being entered and therefore considered incremelee	
	4. Completed Physician Screening Form can be fased to 210-899-1227 <u>or</u> emailed to 10/moreling the bulknown prime range management to 10/moreling the bulknown prime rangement to 10/moreling the bul	
	to AH screening@eneatoscreenings.com. You should receive an email within 72 hours to confirm receipt of your form and supporting materials. If you do not, please contact eHealthScreenings by email at AHYscreening@ehealthscreenings.com or by phone at 1–888-708- 8907	
on , Enter	Screening Consent	
ne and voluntary healt	er has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness servi alth screen program.	ices in connection with
If applicable,	e, by participating in the biometric screening, you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of a difficult biometrics (height blood pressure waist circumfarance and perticults a builts or carefy an infection. You also consent to the collection of additional biometrics (height blood pressure waist circumfarance and perticults).	ion of blood through a r
	a (must scroll through consent)	Printer Fri
	e (must scroll through consent)	Printer
Signature	€ (First and Last Name):	

- form.
 There will be a link to download the form on the confirmation page and you will be emailed a copy of the form to the email you entered in the system.
- Directions are available on your physician screening form for completion.

Having Trouble? Call 888-708-8807 and select Option 1.

Complete

the form