

2020 Alternate Biometric Health Screening



This form is needed ONLY for your biometric health screening results if done through your physician's office.

This form is **NOT** needed for your PCP **wellness visit**, which will go through the Anthem claims process.

Your Name (please print): _____ Birth date: ____/____/____

Your Email: _____ Phone: ____/____/____

Are you the subscriber for Miami's health plan (health premium is deducted from your pay)?

YES. Enter your MU uniqueID: _____
(This is your Miami uniqueID, ex. employjn)

NO. Enter your MU uniqueID: _____
(This is your spouse's MU uniqueID followed by "_sps", for example, employjn_SPS)

Your MU uniqueID can be found in your Healthy Miami account under "My Profile."

I give permission to TriHealth to provide my biometric screening data to The Advisory Board Company and Cerner Wellness (third party vendor for Miami University) to display in my on-line Healthy Miami account and for non-identifiable aggregate reporting.

I understand that Miami University will have access to non-identifiable aggregate data of all participants from Cerner Wellness and The Advisory Board Company. I consent to my information being included in the non-identifiable aggregate data.

I have agreed to submit this consent electronically. By checking the box and typing my name, I am electronically signing the Alternate Biometric Health Screening Form.



Signature (Required): _____ Date: _____

CLINICAL LAB VALUES (To be completed by the physician's office) Only values collected between November 16, 2019 and December 31, 2020 will be accepted.	
Blood Pressure ____/____ (mmHg)	
ENTER YOUR BLOOD SCREENING RESULTS HERE	Date Blood Drawn: ____/____/____
Total Cholesterol	Cholesterol/HDL Ratio
LDL	Fasting Glucose and/or A1C
HDL	
Triglycerides	
Or ATTACH A COPY OF YOUR BLOOD SCREENING RESULTS	
I am attaching a copy of my lab work values.	

Submit to TriHealth: Email to MiamiScreenings@trihealth.com

Fax: 513-852-7491

Please keep a copy of this form for your records.