

Patient: _____
 Last Name First Name HPI Member ID# Date of Birth

Dear Provider,

At a recent biometric screening, your patient did not meet one or more of the biometric milestones highlighted below. ***In order for your patient to be considered for CHA's wellness incentives, s/he needs to meet these milestones or be under your care. Please complete this form and send to HPI at the address below to support this incentive.***

Your signature will be considered verification that this patient is under your care and is compliant with a treatment plan for milestones not met, as indicated below.

Thank you for your assistance,

Employee Wellness Program
 Cambridge Health Alliance

Directions: Check off the appropriate explanation for each biometric under "Action Needed".			Date taken:
Biometric Milestone	Patient Value	Goal Value	Action Needed
Blood Pressure	_____ mmHg Systolic _____ mmHg Diastolic	< 140 mmHg Systolic <i>and</i> < 90 mmHg Diastolic	<input type="checkbox"/> No action necessary (WNL) <input type="checkbox"/> Repeat reading was WNL <input type="checkbox"/> Discussed treatment plan with patient <input type="checkbox"/> Patient is compliant with established treatment plan
Total Cholesterol	_____ mg/dL	< 230 mg/dL	<input type="checkbox"/> No action necessary (WNL) <input type="checkbox"/> Repeat reading was WNL or elevated secondary to a high HDL <input type="checkbox"/> Discussed new treatment plan with patient <input type="checkbox"/> Patient is compliant with established treatment plan
Body Mass Index (BMI)	Height: _____ BMI: _____ Weight: _____	< 27	<input type="checkbox"/> No action necessary (WNL) <input type="checkbox"/> No weight loss activities are recommended at this time <input type="checkbox"/> Patient is compliant with established treatment plan <input type="checkbox"/> It is my recommendation that patient participate in a weight loss program

Provider Name (Type or print): _____

Date: _____

Practice Name: _____

Provider Signature: _____



Submit completed form and supporting documentation to HPI:

By Mail: Health Plans, Inc.
 Attn: Wellness Team
 PO Box 5199
 Westborough, MA 01581
 Fax: 508-329-4812