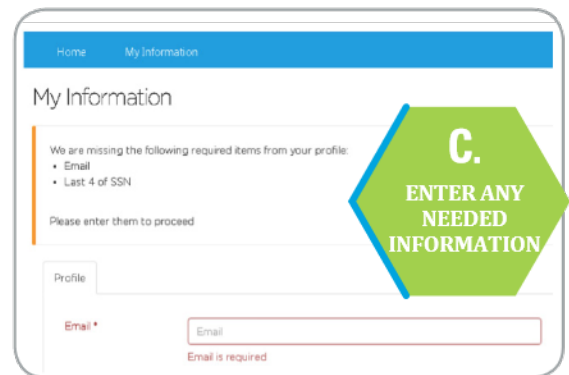
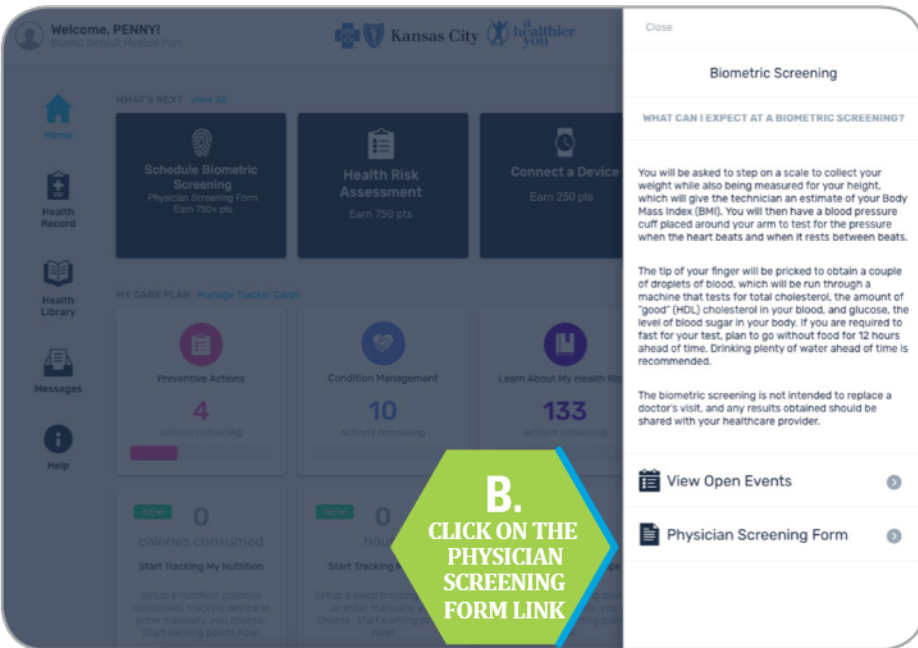
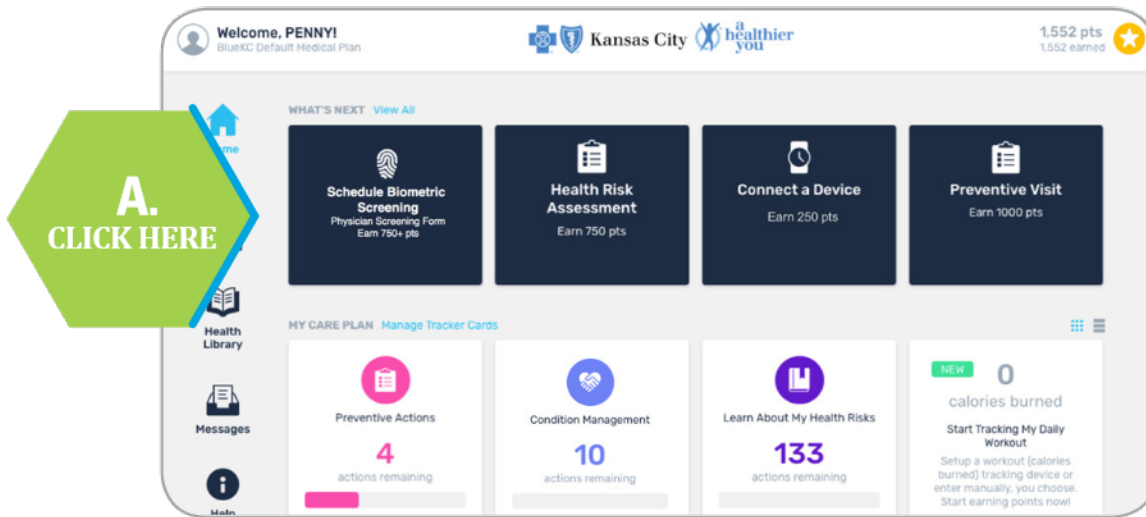


How to Register for the Physician Screening Form

Click on A Healthier You from MyBlueKC.com **OR** Download the Blue KC A Healthier You app





Kansas City



ONSITE SCREENING
click below to schedule appointment
[Click to Select](#)

PHYSICIAN SCREENING
click below to use your own physician
[Click to Select](#)

OR

With this option you will be able to submit recent physician/clinic lab results.
Note: If you choose this option regular co-pays and deductibles may apply for the physician and lab visit.

Thank you for selecting the option to submit physician lab results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician and lab visit.** You will be emailed the Physician Screening Form which you must complete and fax back to us along with your lab results. **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.
- All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and therefore considered incomplete.
- Completed Physician Screening Form and supporting official lab results can be faxed to 702-892-1272 or emailed to ATScreening@ehealthscreenings.com.

If you have any questions or to confirm receipt, please contact ehealthscreenings@ehealthscreenings.com or by phone at 1-888-708-8807

D. CLICK TO SELECT PHYSICIAN SCREENING

D. CLICK TO CONTINUE

* Options presented when onsite events available

* Landing page when onsite events have concluded

Home My Information Alan Logout

Physician Submission Screening Consents

Please read carefully the consents below

Consents for screening key:

Health Screening Consent

Participating: By participating in the screening, the participant consents to the collection of blood sample(s) (total cholesterol, HDL, LDL, triglycerides, glucose, and similar information) and receipt of information for these test(s). This health information will be gathered by testing a blood sample obtained from the participant. The participant understands that the collection of blood through a needle may cause a little pain, and that there is a small chance the needle could cause bleeding, a bruise or (rarely) an infection. The participant understands that the health screening performed will require a technician to draw his/her blood with a needle, and the participant hereby consents to the technician drawing his/her blood with a needle. The participant also consents to the collection of additional biometrics (height, weight, and blood pressure). The participant hereby releases eHealthScreenings, LLC, and any other organizations associated with this testing, parent and affiliate companies, successors and assigns, officers, directors, and employees from

I Agree [Printer Friendly](#)

HIPAA Authorization

Participation in your employer-sponsored wellness program is strictly voluntary, but if you do not agree to this authorization, you may not participate in the health screening.

Upon ACCEPTANCE, I authorize EHS (eHealthScreenings), its affiliates, authorized vendors and representatives to collect, use, disclose and/or receive Health Screening information for purposes of performing my personal health screening, and/or related services. I understand and agree that my Health Screening information includes but is not limited to general information collected (ex name, address, age, DOB, etc.), biometric measurements collected (ex blood pressure, blood glucose, height, weight), and blood specimens collected (ex: cholesterol, HDL, LDL, triglycerides, nicotine, glucose). Your results may be disclosed in detail to your Health and Wellness Program Administrator, and may also be disclosed in

I Agree [Printer Friendly](#)

E. COMPLETE THE CONSENT FORMS BELOW

- A confirmation page will appear for your review and a confirmation email will be sent to the communications email you have with Blue KC.
- **You will receive your Physician Screening Form via email within one business day. Please read the directions in the email to access your form, as the password to open the form is contained in the email.**
- You may also download a copy of the screening by clicking on the My Appointments Tab.

Having Trouble? Call 888-708-8807 and select Option 3.