2017 CHS LiveWELL Know Your Numbers Form

Deadline to take action is September 15, 2017

Three ways to qualify. Choose one:

1. Make an appointment with **CHS On-Site Care**

Call CHS On-Site Care at 704.512.3971 to schedule an appointment

No form is necessary.

Labs are electronically transferred to your Total Health Portal for the Know Your Numbers (KYN) Reward

Your results will be available in MyCarolinas within two weeks. Review* them carefully. See chart below *Schedule a KYN Lab Results Review with CHS On-Site Care and earn the Health Coaching reward

Please allow up to 2 weeks to see the reward in your Total Health Portal

2. Electronically consent to transfer (etransfer) labs completed with your CHS Provider

One to two weeks after your lab draw: You can e-transfer 2016 or 2017 labs from a CHS Provider.

2016 labs outside the recommended values should be retaken in 2017

CHS providers will not transfer your lab results to CHS LiveWELL. You must consent and e-transfer results using the instructions below

Go to

LiveWELL.CarolinasHealthCare.org/Incentive to consent to e-transfer your lab results from 2016 or 2017. Ensure all Numbers You Need to Know, indicated below, are transferred

Once you complete the consent to e-transfer please allow up to one week to see the reward in your Total Health Portal

3. If labs are NOT visible through e-transfer, or if a non-CHS provider completes your labs, complete this form and vital lab work

Your provider may mail a copy of results to you or provide instructions for you to access them. Print or make a paper copy of your results from your provider

Complete Side 2 of this form. Remember to write in your lab results AND enclose a paper copy of your labs with this completed form. 2016 or 2017 labs are acceptable. 2016 labs outside the recommended values should be retaken in 2017

Mail both a copy of your labs and this completed form to the address on Side 2

No Physician/Provider Signature is needed on this form

Please allow up to 6 weeks to see the reward in your Total Health Portal. Mailed copies must be postmarked by September 15, 2017

Numbers You Need to Know	Goal (recommended values)
Total Cholesterol	Less than 200 mg/dl
Triglycerides	Less than 150 mg/dl
HDL (high density lipoprotein)	Greater than 40mg/dl for men; 50 mg/dl for women
LDL (low density lipoprotein)	Less than 100 mg/dl
A1C OR Fasting glucose	A1C less than 5.7 Glucose less than 100 mg/dl
Blood pressure NOTE: BP alone will not earn the KYN incentive	Less than 120/80
Please provide <u>all</u> of the labs above	

Proven steps to reduce your risk:

- 1. Stop smoking
- 2. Increase physical activity, exercise daily
- 3. Choose poultry, fish (especially omega 3 rich fish such as salmon or trout) and vegetarian options more often. If you eat red meat, select lean cuts and broil or bake.
- 4. Eliminate sweetened beverages and choose foods with less or no added sugar.
- 5. Avoid deep fried foods
- 6. Choose healthy fats: plant based liquid oils such as olive oil, nuts and seeds
- 7. Eat more vegetables and fruits, choose smaller portions of white starches
- 8. Be aware of portion sizes
- 9. Lose weight

Questions: email LiveWELLEvents@CarolinasHealthCare.org or call 704.355.8136

STATEMENT OF CONFIDENTIALITY, CONSENT AND RELEASE

The collection of data from your health screening is intended to help you understand health risks you may face and offer suggestions on how to best minimize or manage these risks. Data derived from these tests is considered preliminary and does not constitute diagnosis. Applied Health Analytics, as the third-party administrator, is not responsible for confirming results or establishing follow-up examinations. This data is not intended to establish a patient-health professional relationship nor replace any advice provided by your physician, and your participation is strictly voluntary. Through participation you hereby consent to this performance of your health screening, which may include the drawing of blood samples. You agree to release all organizations associated with this screening, their affiliates, directors, officers, employees, successors, and assigns, from any and all liabilities arising from and in any way connected with this health survey or blood drawing. You also understand that the data derived from these tests may be used to generate statistical information. To learn more about the CHS LiveWELL Notice Concerning Employee Wellness Programs and Protections from Disclosure of Medical Information, please visit LiveWELL.CarolinasHealthCare.org/Incentive.







KNOW YOUR NUMBERS FORM 2017

CONTACT INFORMATION



LiveWELL PCP Form / Surveys - 2017

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Write your name and 6-digit employee ID on your lab results (on each page if more than one).

