

HumanaVitality® Vitality Check

To receive Vitality Points™, you must submit the completed form within 90 calendar days of the activity completion date. Please keep a copy of the completed form for your records.

Member Instructions:

1. Set up your appointment with the provider of your choice*. When you make your appointment tell the provider what measurements you need. Those measurements could include height, weight, blood pressure, complete cholesterol or fasting blood glucose tests. The HbA1c test is needed if it is part of your active goal to get your blood glucose in healthy range.

** Use this form at the doctor's office, clinic, or health facility of your choice. You can get a Vitality Check when you visit your doctor as part of your annual wellness visit check-up. You can also obtain your Vitality Check from a HumanaVitality participating provider near you. NOTE: You may incur out of pocket costs depending on your plan benefits.*

2. Fill out **Section A: Member information/Attestation**
3. Take this form with you and give it to your provider
4. Send the completed form to HumanaVitality. You can ask your provider to send it for you, but you are responsible for making sure HumanaVitality receives the form.

Provider Instructions:

1. Fill out **Sections B, C and/or D and E**. Fill out **Section C or D** depending on the measurements or tests the patient needs.

Hand-write the measurements or test results on the form. Proof of the patient's measurements or test results does not need to be submitted.

Section A: Member information – please print	
First name:	Last name:
Member / Subscriber (Sub) ID#:	Date of birth (MM/DD/YYYY):
Phone number:	

Attestation / Consent to release and use of information	
I consent to the release of my fitness/medical information to HumanaVitality or its representatives. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for one year from the date signed.	
I understand and agree that HumanaVitality and its representatives have the right to request and review, at any time, applicable screening test(s) to confirm information and results herein. I authorize the release of information and results to HumanaVitality.	
Member signature:	Date (MM/DD/YYYY):

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Section B: Provider information – please print

Doctor/practice/facility name:

Address:

National provider ID# or CLIA#:

Phone number:

Section C: Body and Blood Pressure Measurements

Date of measure (MM/DD/YYYY):

Height (Inches):

Systolic blood pressure (mmHg):

Weight (lbs):

Diastolic blood pressure (mmHg):

Body mass index (BMI):

Waist circumference (inches):

Section D: Clinical laboratory test results

Date of test (MM/DD/YYYY):

Fasting blood glucose (mg/dL):

HDL cholesterol (mg/dL):

Total cholesterol (mg/dL):

Triglycerides (mg/dL):

LDL cholesterol (mg/dL):

Optional* HbA1c (%):

*The HbA1c test is needed only if it is part of your active goal to get your blood glucose in healthy range. There may be a cost associated with this test. Ask your provider for more information.

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Section E: Certification of results – please print

I certify I personally tested this individual and attest to the accuracy of results reported herein.

First / last name of person conducting measure / test:

Title:

Provider signature:

Date (MM/DD/YYYY):

Send the completed form as indicated to:

Online: Visit MyHumana and click the  or My Messages link

Or Fax: 1-877-250-7814

Or Mail: HumanaVitality, P.O. Box 14613, Lexington, KY 40512-4613

Please Note: HumanaVitality reserves the right to confirm the accuracy of information received. Submission of incorrect or inaccurate information may result in the member not earning or the removal of Vitality Points and Vitality Bucks®.