

Biometric Screening Planning Form

When planning a biometric screening event, your vendor of choice will need the following information:

Name of Company:

Main Contact Person:

Contact Person Name:

Contact Person Email:

Contact Person Phone Number:

Which of the following are you interested in? Check all that apply.

- ☐ Onsite Biometric Screening Clinic
- ☐ Biometric Screening Vouchers

How many locations will have an onsite clinic?

Please list full address of each site hosting an onsite clinic. *Use page 3 for additional space if needed.*

Name of Location:

Street Address:

City/State/Zip:

Preferred Date/Time of Clinic:

Estimated # of Screenings:

Name of Location:

Street Address:

City/State/Zip:

Preferred Date/Time of Clinic:

Estimated # of Screenings:

Name of Location:

Street Address:

City/State/Zip:

Preferred Date/Time of Clinic:

Estimated # of Screenings:

If you indicated you would like biometric screening vouchers, please indicate which state(s) the vouchers will be redeemed in and number of vouchers you will need:

State 1	# of Biometric Vouchers
State 2	# of Biometric Vouchers
State 3	# of Biometric Vouchers

Do you want to run your clinic(s) and/or vouchers as a claim through insurance or be directly invoiced?

- ☐ Claim Through Insurance
- ☐ Directly Invoiced

If you chose *Claim Through Insurance*, please list your carrier(s) below:

Would you like to cover biometric screenings for non-enrolled members?

- ☐ Yes
 - ☐ Claim Through Insurance
 - ☐ Directly Invoiced
- ☐ No

Have you utilized a biometric screening vendor in the past?

- ☐ Yes
- ☐ No

If you'd like to use the same vendor(s) again, please list the vendor(s) here:

If your preferred date and time is not available with your preferred vendor, are you willing to change date and/or change vendors based on what is available?

- ☐ Yes
- ☐ No

Are there any specific guidelines/instructions vendors must follow when coming onsite (parking, special directions, building door numbers, etc.)? If yes, please specify below.

Would you like the vendor to provide communications or marketing materials regarding your onsite event? If yes, please specify below.

Are you incentivizing employees to complete biometric screening?

☐ Yes

☐ No

If *yes*, is the incentive connected to a wellness program?

☐ Yes

☐ No

If connected to a wellness program, please list the incentive earned below.

Will you need a report of aggregate biometric screening data?

☐ Yes

☐ No

**Please note, depending on the vendor, aggregate reporting may be an additional cost.*

Please specify the biometric screening components you would like to measure:

☐ Finger Stick Full Lipid Panel: Total Cholesterol, Triglycerides, Cholesterol/HDL ratio, HDL, LDL & Glucose

☐ Blood Pressure

☐ Height, Weight, Body Mass Index

☐ Hemoglobin A1C

**Please note, depending on the vendor, certain components may be an additional cost.*

Please list any additional biometric screening requests below if applicable.

Please provide any additional notes that may be helpful for coordinating your screening(s).