

Trane Technologies – Primary Care Provider Screening Form

Instructions: You may have your Primary Care Provider (PCP) report lab and biometric values to receive credit toward the Trane Technologies wellness incentive. **All information requested below must be completed** in order for credit to be awarded. Complete and sign the form in Section 1, then have your PCP complete Sections 2 and 3. Please follow the instructions at the bottom of this form and **return your completed form by email to Welltok**, our *Be Well* program administrator, at BeWellPCPForm@cafewell.com **by 12/31/2021. This is your responsibility, not your provider's. PLEASE PRINT CLEARLY. ILLEGIBLE OR INCOMPLETE FORMS CANNOT BE PROCESSED.**

SECTION 1: PARTICIPANT INFORMATION AND RELEASE

With the understanding that my personal health information will only be shared as permitted and protected by law, I agree to the release of the information requested below from my Primary Care Provider to Welltok in order to complete requirements for my Company's wellness incentive. Welltok will securely store and may also disclose this medical information to me, to my physician(s), to my health plan, or a third-party entity designated by my current or any future health plan or employer for use in accordance with my health plan's HIPAA Notice of Privacy Practices. I understand this information may be used to identify my health risks, to provide education regarding how to address my identified risks, and to possibly contact me to promote participation in health and disease management programs. By signing and returning this form, I agree that the information provided by me and my healthcare provider is true and complete to the best of my knowledge.

Participant Full Name (Last, First, Middle Initial) __Employee __Spouse
Relationship
_____/_____/_____
Participant Date of Birth (MM/DD/YYYY) (____)____-_____
Participant Daytime Phone Number

Participant Signature _____
Date Signed

SECTION 2: HEALTHCARE PROVIDER INFORMATION

Trane Technologies has partnered with Welltok to provide worksite wellness initiatives. Lab tests completed between 1/1/2021 and 12/31/2021 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Healthcare Provider Name PRINT (____)____-_____
Office Phone Number

Healthcare Provider Signature _____
Date Signed

SECTION 3: BIOMETRIC SCREENING RESULTS (to be completed by healthcare provider)

Test date: (MM/DD/YYYY) ____/____/_____ Fasting: __Yes or __No			Metric	Value	Units
			HDL Cholesterol		mg/dL
			LDL Cholesterol		mg/dL
Height		in	Triglycerides		mg/dL
Weight		lbs	Glucose		mg/dL
Waist circumference		in	Blood Pressure (Sys / Dia)	/	mmHg
Total Cholesterol		mg/dL	A1c (if applicable)		%

Participant: Submit your completed form via email to BeWellPCPForm@cafewell.com **by 12/31/2021.** You will receive a response email confirming your successful submission. Allow 7 to 10 business days for your completed form to be processed and your results to be posted on your *Be Well* account. **NOTE:** Security measures available through email services can vary. You are encouraged to check with your email provider about security protections available before sending your form.

Questions? Contact Welltok at 844-749-9926.

For Welltok Use Only: Enter values, source=PCP FORM and award applicable "Biometric Screening" AC.