

Trane Technologies – Primary Care Provider Screening Form

If you are newly hired beginning 10/2/2021-9/20/2022 OR become eligible for benefits or enroll due to a qualified status event: To be eligible to earn rewards, you must submit this form within 90 days of your hire date, or the date you become eligible for benefits or enroll due to a status change. If you are hired after 7/1/2022, you must submit this form by September 30, 2022. No late forms will be accepted.

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. **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) _____ Relationship Employee Spouse
 _____ / _____ / _____ (_____) _____ - _____
 Participant Date of Birth (MM/DD/YYYY) Employee ID (spouses use employee's ID) Participant Daytime Phone Number
 X _____
 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 9/30/2022 may be used to fulfill wellness incentive requirements. Please complete the information below and return this form to your patient.

Healthcare Provider Name PRINT _____ (_____) _____ - _____
 X _____ Office Phone Number
 Healthcare Provider Signature _____ Date Signed _____

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

Test date: (MM/DD/YYYY) ____/____/____			Metric	Value	Units
Fasting: <input type="checkbox"/> Yes or <input type="checkbox"/> No			HDL Cholesterol		mg/dL
Metric	Value	Units	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 the date applicable to you per information at the top of this form. 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.