



UPDATED RESULT SUBMISSION FORM

Patient Information:

Last Name: _____ First Name (legal): _____ Middle Initial: _____

Date of Birth: _____ Employee # _____ (or indicate "spouse")

Phone Number: _____ Email: _____

I have had biometric data or labs retested and I am submitting results to appeal my previous result. I understand that if my new data is accepted, it will be considered updated data for the month in which it is received by Wellness, not the date testing was performed.

Results Being Submitted (Required): Please check all that apply

	Healthy Rewards Goal Being Appealed	Original Result	Healthy Rewards Goal	New Biometric Measure	New Lab Result	Completed Living Free Program?
<input type="checkbox"/>	Blood Pressure					
<input type="checkbox"/>	BMI - Body Weight					
<input type="checkbox"/>	LDL Cholesterol					
<input type="checkbox"/>	Triglycerides					
<input type="checkbox"/>	Glucose					
<input type="checkbox"/>	A1C					
<input type="checkbox"/>	Tobacco Use					

Where did you get your new result? (Circle One)	Saint Francis Lab	Outside Lab	Provider Office	Healthbot Machine at a Saint Francis location	Ambassador at my offsite location
Is the verified result attached?	Yes	No			
If not, did you upload it to your Healthy Rewards profile?	Yes	No			

- *If you logged into a Healthbot for blood pressure or body weight it will automatically be uploaded to your online tracker.
- *All lab re-checks, outside the ones required by Healthy Rewards, are at the expense of the participant.
- *Body weight and blood pressure maybe rechecked on any Healthbot machine located at a Saint Francis facility.
- *If you are located in a town that does not have access to a Healthbot, you can schedule a verifiable recheck of blood pressure and/or body weight once per month. The result will be sent to Wellness within two business days. Any additional rechecks can be done on a Healthbot machine.

By signing, I verify that the information supplied by myself or my representative here is true and complete. I also authorize the release of any medical information that Healthy Rewards might need in order to process this update.

Participant Signature: _____ Date: _____