

# Physician Results Form – Employees



Submit the **completed** form by fax to **1.817.416.2300**  
or by email to [southlake@cover-tek.com](mailto:southlake@cover-tek.com).

<b>Company Name:</b> Oncor Electric Delivery Company LLC	<b>Screening Period:</b> January 1 – December 31
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## PARTICIPANT SECTION **Complete this section prior to your biometric screening appointment.**

<b>Check Box:</b> <input type="checkbox"/> <b>Employee</b> <input type="checkbox"/> <b>Spouse</b>			
Last Name	First Name	Middle Initial	
Email Address	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
8-Digit Employee ID	Date of Birth      /      /	Phone #	
Street Address			
City	State	ZIP Code	
Fasting >8 hrs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Participant Signature	Date	/      /	

## PHYSICIAN SECTION **To be completed by Healthcare Provider and will be kept confidential.**

<b>Date of Screening:</b> mm/dd/yyyy      /      /
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<b>BIOMETRICS*</b>	Height (inches)	Weight (lbs)	Waist Meas. (inches)		
		Systolic BP	Diastolic BP		
<b>LAB TESTS*</b>	Glucose	Triglyc.	HDL	LDL	Total Chol.

<b>This Participant is exempt from an annual health screening due to a medical condition (such as pregnancy) or at the physician's discretion.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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The undersigned Healthcare Provider acknowledges that I have reviewed the form and its requirements and performed the appropriate assessments or exemption for the Participant stated on this form.

Healthcare Provider Name (Printed)	UPIN/NPI
Healthcare Provider Signature	Date      /      /

\* ALL Biometric Data and Lab Test Results MUST be complete to receive the incentive unless there is a physician exemption.

## Physician Results Form Instructions – Employees

Oncor Electric Delivery Company LLC



This Physician Results Form will provide your Healthcare Provider the information needed to complete your annual physical and provide the biometric screening results required to establish your eligibility to earn incentives. You are responsible for ensuring that you or your doctor fax or email the form directly to Cover-Tek, Inc., complete with ALL the screening values and signatures. Results must be received on this form to be considered for the program and your incentive.

Please follow the steps below:

- Schedule an appointment with your doctor for an annual physical with biometrics. You are responsible for paying any fees your doctor may charge for completing the form.
- Please see the Physician Section on the reverse of this form for the required biometric screenings. Forms that do not include all of the requested information will NOT be processed for incentive purposes unless there is a physician exemption.
- To ensure more accurate results, you must fast for at least 8 hours prior to your screening appointment. Continue taking medication as directed and be sure to drink plenty of water.
- Complete the Participant Section of this Physician Results Form and provide it to your doctor. Your doctor must complete the Physician Section of this form, including the signature, date, UPIN/NPI, and all of the lab tests and biometric screening measurements.
- You or your doctor should submit the completed form to Cover-Tek, Inc. by fax at **1.817.416.2300** or by email at **[southlake@cover-tek.com](mailto:southlake@cover-tek.com)**. You are responsible for ensuring that you or your doctor returns this form by December 31.
- By signing the Physician Results Form and providing it to your doctor to complete and submit, you are authorizing your doctor to share the health information that is requested on the form with Oncor's wellness vendor(s). They will use this information to confirm that you have participated in the Annual Physical Incentive. They will also use your health information for the biometric screening portion of the Healthy Incentive and, based on that information, our wellness vendor(s) may reach out to you with the opportunity to complete a Healthy Coaching Program. Your health information will be kept private under the terms of the HIPAA privacy policy and the "Protections from Disclosure of Medical Information" section of the Required Notices document. These documents are available online at **[oncorbenefits.com/ee](http://oncorbenefits.com/ee)** or the intranet. You may also request a hard copy of these documents at no charge by contacting Oncor HR Advocacy at **[oncres1@oncor.com](mailto:oncres1@oncor.com)**. You hereby consent to each of the uses of your health information described in this paragraph.
- You are not required to have your doctor submit this Physician Results Form, but if you do not have your doctor submit a completed form, you will not be eligible to receive an incentive for participating in the Annual Physical with Biometric Screening. In addition, employees must complete this form in order to be eligible to receive the Healthy Incentive.
- By signing this form, you voluntarily consent to share your health information as described herein.

After your Physician Results Form has been received by Cover-Tek, Inc., you will receive an email confirmation within 14 days. If you do not receive confirmation within that time frame, contact Cover-Tek, Inc. at **1.817.329.6900**. You can also check the status of all your wellness incentives at **[oncorlivewell.com](http://oncorlivewell.com)**.



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