

Physician Results Form

Fax COMPLETED form to 817-416-2300

Participant Program Information

Company Name Oncor Electric Delivery Company LLC Screening Period January 1st – December 31st

Participant Section: Complete this section prior to your biometric screening appointment.

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

Physician Section: To be completed by healthcare provider, and will be kept confidential.

Date of Screening / /										
BIOMETRICS	Height (inches)		Weight (lbs)		Waist Meas. (inches)					
				Systolic BP		Diastolic BP				
LAB TESTS	Glucose		Triglyc.		HDL		LDL		Total Chol.	
Is this participant pregnant: Yes _____ No _____										

The undersigned, Healthcare, acknowledges that I have reviewed the form and its requirements and performed the appropriate assessments for the Participant stated on this form.

*ALL Biometric Data and Lab Test Results MUST be complete for participant to receive the incentive.

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

Fax completed Form to:

Cover-Tek, Inc. 551 Silicon Drive, Suite 100 • Southlake, TX 76092 • Main. 817-329-6900 • Fax. 817-416-2300
Results will be sent directly to the participant at the address provided above in participant section.

Physician Results Form Instructions

Oncor Electric Delivery Company LLC

This Physician Results Form will provide your health care provider the information needed to complete your annual physical and provide the biometric screening results required to establish your eligibility to earn the incentives. You are responsible for ensuring your doctor faxes 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.
- Contact your doctor's office prior to your appointment to confirm he/she is able to measure all required risk factors. Please see the physician form for the required risk factors. Forms that do not include measurement of all of the risk factors will NOT be processed for incentive purposes.
- 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 the 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.
- Ask your doctor to fax the completed form to Cover-Tek, Inc. at 817-416-2300. You are responsible for ensuring your doctor returns this form by December 31st.
- 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, Cover-Tek. Cover-Tek will use this information to confirm that you have participated in the Annual Physical Incentive. For employees and retirees, Cover-Tek will also use your health information for the biometric screening portion of the Healthy Incentive and, based on that information, ePeople 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 2018 document, which was previously mailed to you. Both of these documents are available online at www.oncorbenefits.com.
- 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/Retirees must complete this form in order to be eligible to receive the Healthy Incentive. For more information regarding these incentives and a copy of the Required Notices 2018 document for active employees, see www.oncorbenefits.com/EE or for retirees www.oncorbenefits.com/RET. By signing this form, you voluntarily consent to share your health information.

After your Physician Results Form has been submitted, Cover-Tek, Inc. will process your report. You can expect the electronic version emailed to you within 14 days, and a hard copy will arrive in the mail within 3 weeks. If you do not receive your results booklet within that timeframe, please contact Cover-Tek, Inc. at 817-329-6900.

