



# Physician Results Form Instructions

## 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 submit the form directly to the Oncor Live Well (Navigate) portal ([www.oncorlivewell.com](http://www.oncorlivewell.com))**, completed 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. NOTE: Oncor's medical options cover an annual adult preventive exam at 100% each calendar year, regardless of when you had your annual exam in the prior year.
- Please see the Physician Section on the reverse of this form for the required biometric screenings. **Forms that do not include all 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, and all the lab tests and biometric screening measurements.
- 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 submit this Physician Results Form, but if you do not submit a completed form, you will not be eligible to receive an incentive for participating in the Annual Physical with Biometric Screening. In addition, the employee and/or spouse must complete this form to be eligible to receive the incentives. If it is unreasonably difficult for you to complete an annual physical and biometric screening due to a medical condition (as verified by your physician), contact to Oncor Live Well (Navigate) to discuss a reasonable alternative standard for earning the incentives.
- By signing this form, you voluntarily consent to share your health information as described herein.
- You must submit the completed Physician Results Form to Oncor Live Well (Navigate) via the portal ([www.oncorlivewell.com](http://www.oncorlivewell.com)). You are responsible for ensuring that you submit this form by December 31.

After your Physician Results Form has been submitted to the Oncor Live Well (Navigate) Portal, you will see the update within 48 hours. If you do not receive the update, please contact the Oncor Live Well (Navigate) at 888.596.6750 or you can check the status on your Oncor Live Well (Navigate) via the portal ([www.oncorlivewell.com](http://www.oncorlivewell.com)).

# Physician Form

## Participant Information (Completed by patient - please print)

LAST NAME:		MIDDLE INITIAL:	
FIRST NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
PHONE NUMBER:      -      -		BIRTH DATE:      /      /	
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
EMPLOYER NAME:	EEID (Spouses add an S to employee ID):	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse	
EMAIL:			
PARTICIPANT'S SIGNATURE (REQUIRED):		DATE:	
PARTICIPANT'S NAME (PLEASE PRINT):			

## Biometric Screening Results (Completed by physician)

EXAMINATION DATE:      /      /

HEIGHT: (required) FT.      IN.	BLOOD PRESSURE mmHg: (required) /		
WEIGHT (LBS): (required)	BODY FAT %: N/A	TOTAL CHOLESTEROL: N/A	
WAIST CIRCUMFERENCE (INCHES): (required)	A1C: N/A	TRIGLYCERIDES: (required)      LDL: (required)	
BMI: N/A	COTININE: N/A	HDL: (required)	FASTING GLUCOSE: (required)
PHYSICIAN'S SIGNATURE (REQUIRED):		DATE:	
PHYSICIAN'S NAME (PLEASE PRINT):			

Questions? Contact Us:

info@oncorlivewell.com | 888.596.6750

