

Physician Engagement Form – Lutheran Senior Services 97565567

Purpose: To document that patient is under your care for a health measure that tested out of range in accordance with the LSS wellness program's established target ranges shown below, and/or if it is medically inadvisable for your patient to even screen in order to provide lab results for these health measures. Physicians must complete this form and indicate the measure(s) for which the participant is under your care and/or is medically excused from completing the screening.

NOTE: Please do not use this form to report laboratory or biometric results.

Participant or Physician may fax form to 1-877-567-1407 (keep copy of fax confirmation)

OR

**Participant only may email this form to - DGXAffidavit@questdiagnostics.com
Please note, regular email is not a secure method of transmission and may be intercepted or viewed by a third party. By choosing to send this form by email, you acknowledge and accept this risk.**

Step 1: Participant Completes and Signs			
Name (Last, First, Middle Initial)		Email Address	
Unique ID	Date of Birth (MM/DD/YYYY)	Phone	
Participant Signature			Date
By signing this form, you verify the information you have supplied is true and complete.			

Step 2: Physician Identifies Measures Participant is Excused From (check all that apply)		
Measurement	Target Range	Physician Initial & Date
Triglycerides	< 150 mg/dL	[] YES Initial/Date
LDL Cholesterol	< 130 mg/dL	[] YES Initial/Date
HDL Cholesterol	Male >= 40 mg/dL Female >=50	[] YES Initial/Date
Hemoglobin A1c	4.0-5.6%	[] YES Initial/Date
Blood Pressure	Systolic < 130 mmHg Diastolic < 85 mm/Hg	[] YES Initial/Date

Step 3: Physician Signs and Faxes or Returns to Participant for them to Fax or Email		
Physician Office – All Information Listed Below Must Be Complete to Process		
Physician's Signature		Date
Physician's Name (please print)	UPIN/NPI	Phone Number