

Physician Form Login

To begin the process members will enter a Customer Code

- The customer code will be provided to members within a communication that includes a link to the website



The screenshot shows the Healthways logo at the top center. Below the logo, the text reads: "To begin the process of ordering a Physician Form, please enter your Customer Code where provided below and click Submit". Underneath this text is the instruction "All fields are required.". The form consists of a horizontal box divided into two sections. The left section is labeled "Customer Code" and the right section contains an empty text input field. Below the input field is a "Submit" button.

Please note for Security reasons this website can only be accessed by using the following approved browsers:

Google Chrome, Mozilla Firefox, and Internet Explorer v9 or newer.


Please note most new computers have the newest versions of these browsers, if not Google Chrome can be downloaded free of charge.

Physician Form Website

Login Page

Member enters
login criteria:

- Legal first name
- Legal last name
- Date of Birth
- Zip code
- Customer code (client specific)

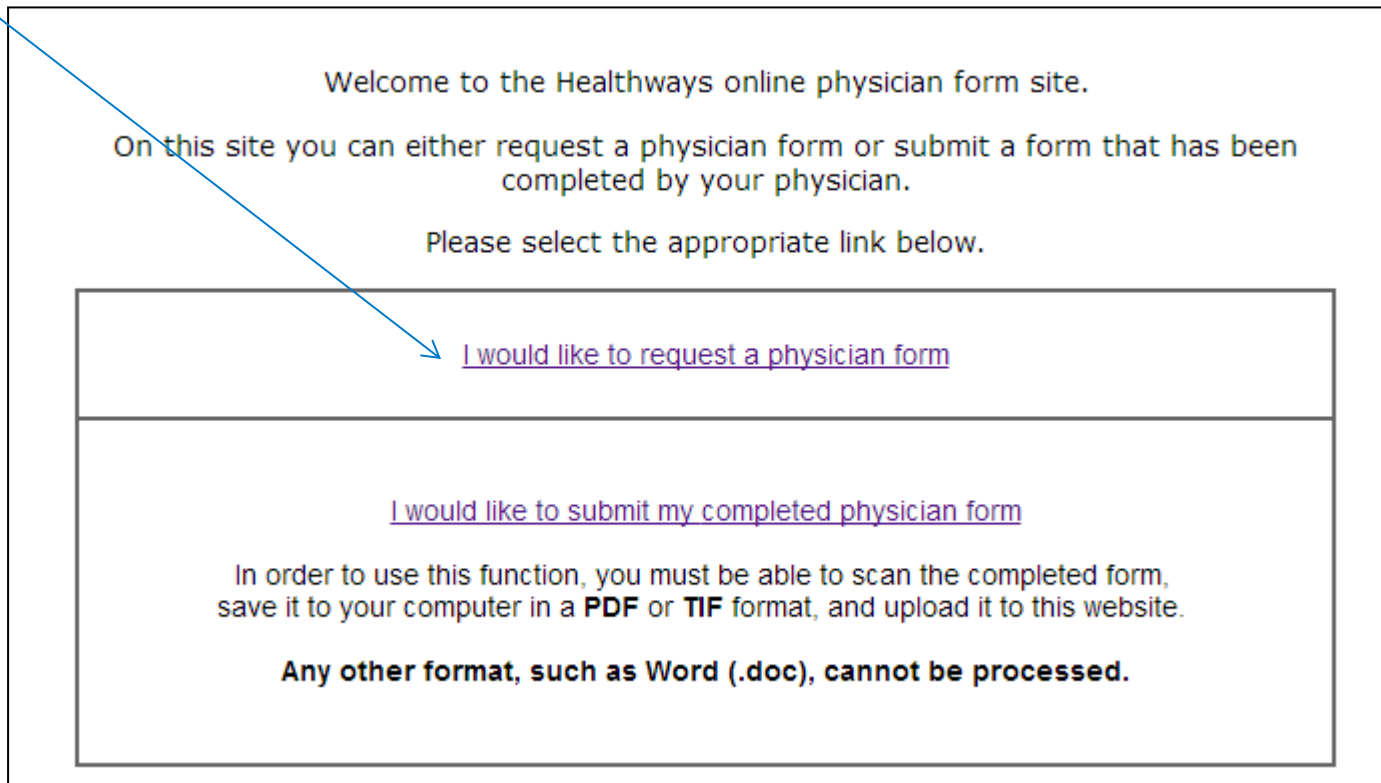
	
To obtain a Provider Screening Form, please complete the fields below and click submit. All fields are required.	
Legal First Name:	<input type="text"/> <small>(e.g. Robert, not Rob)</small>
Legal Last Name:	<input type="text"/> <small>(e.g. Smith Jr, not Smith - and leave out any periods/punctuation)</small>
Date of Birth:	<input type="text"/> <small>(mm/dd/yyyy)</small>
Zip Code:	<input type="text"/>
Customer Code:	<input type="text"/>
<input type="button" value="Submit"/>	

Physician Form Website

Once member successfully logs in to the site, two options are given:

- I would like to request a physician form OR
- I would like to submit a completed physician form

To download the form they will select I would like to request a physician form



Welcome to the Healthways online physician form site.

On this site you can either request a physician form or submit a form that has been completed by your physician.

Please select the appropriate link below.

[I would like to request a physician form](#)

[I would like to submit my completed physician form](#)

In order to use this function, you must be able to scan the completed form, save it to your computer in a **PDF** or **TIF** format, and upload it to this website.

Any other format, such as Word (.doc), cannot be processed.

Physician Form Website

Once they select that they would like to request a physician form they will be prompted to:

- Verify their demographic information by choosing “I am the participant named above”, then select Submit.
 - If the demographic information is incorrect, member will choose “I am not the participant named above, I need to return to the home page.”

Based on your input we located:

First Name: ALISON

Last Name: MADEWELL

DOB: 1/1/1980

Zip Code: 37086

Please select one of the below:

I **AM** the participant named above

[I am NOT the participant named above. I need to return to the home page.](#)

Physician Form Website

The member will need to accept the consent in order to download their physician form

- Member can read the Health Support Program Notice and Consent
- Then check the box “I agree to terms of Notice and Consent”
- Select Submit.

Health Support Program Notice and Consent

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary, but if I choose not to participate or do not sign the consent, I may not qualify for Program incentives (if offered).

I understand and consent to my personal physician providing to Healthways results from a blood draw and laboratory analysis performed by my physician for the tests listed on the reverse side of this Form. I agree to execute any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis.

I understand that the Program is sponsored by my employer or benefits provider sponsor. I understand that Healthways will use and disclose my personal health information as permitted by applicable law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I consent to Healthways disclosing my personal health information, which may include my name, participation status, screening results and other information, to my Sponsor for Program administration purposes and as permitted by HIPAA. Program administration purposes may include offering and determining eligibility for Program incentives. I understand that this consent does not restrict Healthways from making any use or disclosure that is permitted by HIPAA or other applicable law.

I understand that the feedback provided through the Program is intended to be lifestyle recommendations, not medical advice. The results of the health screenings are for my knowledge only and do not take the place of, nor are intended to be substitutes for professional medical advice. The data derived from these tests is to be considered preliminary and informational only and does not constitute a diagnosis. I should contact my doctor with any specific medical questions I have. I agree that I am solely responsible for initiating a follow-up exam to confirm the results of this screening and to obtain professional medical assistance.

I understand that my sponsor may from time to time offer enrollees other health and wellness services and programs (collectively, "Other Health/Wellness Programs"), such as employee assistance and/or disease management programs. I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Other Health/Wellness Program providers so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my sponsor will require such Other Health/Wellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA.

I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other Health/Wellness Programs I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: MHIQ.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

I agree to terms of Notice and Consent

Submit

Physician Form - Email Confirmation Option

Next, the member can choose to receive an email notification when their form is received and processed.

- Member will enter and then re-enter their email address.
- Click Submit

If member does not want to receive notification when their form is received and processed, they can choose Skip to proceed to the next page.

- All emails sent to members are sent from noreply@healthways.com

Once the member has accepted the consent their physician form will populate with an instructions page and the pre-populated physician form.

If you would like to receive a notification when your form has been successfully received and processed, a valid email address is required.

Please confirm the email address for this notification by entering and re-entering that email address below.

Email address

Re-enter

You will receive notification of the status of your form within 72 hours of being received.

Physician Form Website

Physician Form Completion Instructions

- Includes instructions for the physician on how to complete the form and return it
- The form can be returned via Upload, Fax or Mail
 - The member or physician can fax or mail the form using the address/fax number provided on the form
 - The member can scan and then upload the form into the website where they downloaded the form
- [Form to be returned by the due date of XX/XX/2015](#)



Physician Form Completion Instructions

Thank you for ordering the Physician Form. To meet applicable reward requirements, the biometric results documented on this form must be current (obtained in the last 6 months).

COMPLETE THE FORM

- **Participant:** Complete the Participant Information section of the Screening Results Page. Print legibly using a blue or black pen.
- **Physician:** Complete the Biometric Measurements and Physician Information sections of the Form:

o *Biometric Measurements and Blood Test Results* - Provide biometric measurements and blood test results using data collected in the last 6 months. Standard methods to obtain the Biometric Measurements are described on the Form.

o *Physician Information* - Complete this section, sign and date the Form in the areas provided.

Note: The Form cannot be processed without the Physician's signature.

RETURN THE FORM

Please make a copy of the completed form for your records. The Form must be completed and returned within 30 days of receipt.

Scan, upload and submit the completed Form. Visit <https://www2.d-docs.com/healthwayspsf/>, enter required credentials and select the link that states "I would like to submit my completed physician form."

-- OR --

Fax the completed Form to 615-349-2348. This is a secure fax. Please keep your fax confirmation as record that the form was faxed successfully.

-- OR --

Mail the completed Form to: Digital Documents, P.O. Box 361290, Milpitas, CA 95036-1290.

Please Note:

If any of the data fields in the Physician Information section are incomplete, you may need to return to your physician's office to obtain the missing data. If you have any questions regarding the process, please contact Healthways Customer Support at 1-866-336-3491.

Physician Form Process

Notes & Reminders:

- Members will need to access the site using an approved browser, they can contact Healthways customer support for assistance
- Member will need to accept the online consent in order to download the form
- We must have **physician signature and medical license number** to process

Reasons forms cannot be processed (Exceptions):

- Missing Signature: If no Physician signature, the form will become an exception
- Missing Medical License Number: If we do not have the physicians medical license number the form cannot be processed.
- Missing Values: If the form does not have at least one lab/bio value the form cannot be processed.
- Not Valid Member: If form is altered in any way (i.e. scratch through, white out, spouse or someone else's form)
- Healthways to provide names of those participants who are exceptions to CareFirst at the conclusion of the program, to work together to determine what needs to be done in order to process

Thank You.