

Provider Form

Biometric Screening Results



Dear participant,

As a part of your Grande Wellbeing Program, you have the option to submit biometric screening results from your primary care provider, outside of Grande clinics. Please complete the following steps to ensure your results are received in a timely manner.

- 1) If you have not done so already, schedule an "annual exam" preventive visit with your primary care provider. Ensure that there is enough time for you to be seen and your lab results to be processed and returned. Your biometric screening must be completed between December 1, 2025 and November 15, 2026. If you do not have a primary care provider, contact benefits@grande.com for more information.
- 2) Make sure that you complete the participant section of the results form prior to your appointment including your own signature.
- 3) Remember to fast 8-12 hours prior to your appointment with nothing to eat or drink except water. Take medication as instructed by your provider, and if you are unable to fast due to a medical condition, please follow your provider's orders.
- 4) Take the screening results form to your appointment and ask your provider to fill out the screening results section of the Provider Biometric Screening Form with your results. These results include both body measurements such as height, weight, and blood pressure, which are available immediately after a physical exam, and lab results, which may take time to receive results. Remind your provider that this information is time sensitive. Your provider's signature must be present to process the results.
- 5) Submit the completed results form through your Grande Wellbeing Portal. Results are typically available within 10 business days.

If you have any questions about this process, please feel free to contact Navigate Wellbeing Solutions with the contact information below.

Physician Form

Participant Information (Completed by patient - please print)

LAST NAME: _____ **MIDDLE INITIAL:** _____

FIRST NAME: _____ **SEX:** Male Female Other
 Prefer not to answer

PHONE NUMBER: - - **BIRTH DATE:** / /

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYER NAME: _____

EMAIL: _____

PARTICIPANT'S SIGNATURE (REQUIRED): _____ **DATE:** _____

PARTICIPANT'S NAME (PLEASE PRINT): _____

Biometric Screening Results (Completed by provider) **EXAMINATION DATE:** / /

HEIGHT: (required)	BLOOD PRESSURE mmHg: (required)		
FT. IN.	/		
_____	_____		
WEIGHT (LBS): (required)	BODY FAT %: (optional)	TOTAL CHOLESTEROL: (required)	
_____	_____	_____	
WAIST CIRCUMFERENCE (INCHES): (n/a)	A1C: (n/a)	TRIGLYCERIDES: (required) LDL: (required)	
_____	_____	_____	
BMI: (required)	COTININE: (required)	HDL: (required)	BLOOD GLUCOSE: (required)
_____	_____	_____	<input type="checkbox"/> Fasting
_____	_____	_____	_____

PHYSICIAN'S SIGNATURE (REQUIRED): _____ **DATE:** _____

PHYSICIAN'S NAME (PLEASE PRINT): _____

Please upload to the Grande Wellbeing Portal once completed.

