

## 2021 Biometric Program Provider Form

**STEP 1: EMPLOYEE INFORMATION – To be completed by EMPLOYEE:**

Please provide employee information in this section. Please print clearly to ensure your information can be processed for your **Northern Light Health Biometric Screening Program** reward. Questions about this form should be directed to Beacon Health at [beaconwellness@northernlight.org](mailto:beaconwellness@northernlight.org).

<b>Employee Name:</b>	<b>Employee ID:</b>
<b>Employee Date of Birth:</b>	<b>Employer/Affiliate:</b>
<b>Email Address:</b>	

**STEP 2: PATIENT INFORMATION – To be completed by PATIENT:** Patient may be employee or spouse. If both are participating, a separate form should be completed for each patient.

<b>Patient Full Name:</b>	<b>Date of Birth:</b>
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**STEP 3: PATIENT INFORMATION – To be completed by PROVIDER:**

A **Northern Light Health Biometric Screening Program** reward will be provided to employees and/or spouses covered under the Northern Light Health Employee Health Plan, who meet the criteria.

**Please provide value and date collected:**

	Results	Date of Service		Results	Date of Service
Blood Pressure	/		LDL		
Height (inches)			HDL		
Weight (pounds)			Total Cholesterol		
Glucose Fasting/ HbA1C					
Printed Name of Provider (must be legible)			Name of PCP's Practice:		
Primary Care Provider Signature:					

**It is the responsibility of the employee to verify that Beacon has received this form. Provider forms must be received by Beacon Health no later than **November 10, 2021**** by one of the following:

**Fax to:** Beacon Health  
207-973-7165

**Employees:** You can upload the form at <https://beaconhealthwellness.org/>.