

2019 Annual Physical Health Screening Form Instructions

DTE HEALTHY LIVING REQUIREMENTS:

Eligible employees and spouses covered under DTE Energy medical benefits, including those enrolled in an HMO, must complete 2 tasks: a health assessment and annual physical **between January 1, 2019 and June 30, 2019** to avoid an employee and spouse Healthy Living surcharge in 2020.

TASK 1: COMPLETE THE HEALTH ASSESSMENT

1. Visit DTEEnergy.RedBrickHealth.com and log in or register if you haven't yet.
2. Click on the menu in the upper left corner, and then click on Health Assessment. This 15 minute questionnaire with you give a current snapshot of your health.

TASK 2: COMPLETE ANNUAL PHYSICAL WITH REQUIRED BIOMETRIC LAB TESTS

1. **Schedule an annual preventative physical** with your health care provider **between January 1, 2019 and June 30, 2019**. Be sure to bring the RedBrick Health Annual Physical Health Screening form to your appointment. **Reminder – you are allowed one in-network physical per calendar year, at no cost. If you have questions regarding coverage call your insurance carrier.**
2. Your provider must complete and sign the form. **You are responsible for submitting a completed form to RedBrick Health. Your provider is not responsible for submitting your completed form to RedBrick or confirming RedBrick has received it.** Please keep a copy for your records including the date you submitted the form.
3. RedBrick Health must receive the form no later than **June 30, 2019**. The form will be processed within one business day of receipt if all of the necessary information is included.
4. **Submit the Annual Physical Health Screening Form**
 - **PREFERRED METHOD – Upload:** Take a picture of your completed physical form and upload the picture through the app or desktop site.
 - Download the RedBrick Health app or visit DTEEnergy.RedBrickHealth.com > Log In (or Register if you haven't yet)
 - Click on "**MENU**" in the upper left corner > click on "**Health Screening**" > at the bottom of the page click on "**Your Provider**" > "**Upload Completed Form**" and follow prompts to upload.
 - **Fax:** 833-724-4383 (833-RBH-4DTE)
 - **Mail:** RedBrick Health, P.O. Box 2260, Minneapolis, MN 55402-0260

Download the RedBrick Health mobile app.

Download the free RedBrick Health app from the App Store or Google Play to complete your Healthy Living Requirements wherever you are! With the app, you can:

- Complete your health assessment
- Upload your completed Annual Physical Health Screening form
- Check your HLR completions status

Search and find sponsor: DTE Energy.

Why do these results matter?

It's important for you to "know your numbers" to manage your health. Your cholesterol, blood pressure, glucose and body mass index (BMI, which is calculated using your height and weight) are key indicators of your health and your risk for illness. By submitting your results to RedBrick Health, you'll get more informed recommendations about your health.

Questions? Contact RedBrick Health at 866-261-7144.

If it is unreasonably difficult or medically inadvisable, due to a medical condition, for you to achieve or attempt to achieve the standards for this program, call RedBrick Health.

Your privacy is important to us and we protect your personal information. Want to know more? Read our privacy policy at RedBrickHealth.com/privacy.

HEALTH SCREENING FORM

Submit this completed form by uploading it to your secure RedBrick Health account. Or you may send it by fax: 833-724-4383 (833-RBH-4DTE) or mail: RedBrick Health, P.O. Box 2260, Minneapolis, MN 55402-0260. Results will appear in your wellness account approximately 10 business days after the form is received.

PART 1: PATIENT (Patient completes Part 1.)

First Name

Last Name

Phone -- Date of Birth mm / dd / yyyy / / Sponsor or Employer Name

For RedBrick use only

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2.)

Healthcare Provider Phone -- NPI Date of Screening mm / dd / yyyy / /

PATIENT INFORMATION

Height feet inches Weight pounds Fasted for at least 9 hours? Yes No

METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.

Waist Circumference	<input type="text"/> inches	<input type="checkbox"/>	HDL	<input type="text"/> mg/dL	<input type="checkbox"/>
BMI	<input type="text"/>	<input type="checkbox"/>	LDL	<input type="text"/> mg/dL	<input type="checkbox"/>
Blood Pressure	<input type="text"/> mmHg	<input type="checkbox"/>	Non-HDL	<input type="text"/> mg/dL	<input type="checkbox"/>
Total Cholesterol	<input type="text"/> mg/dL	<input type="checkbox"/>	TC/HDL Ratio	<input type="text"/> mg/dL	<input type="checkbox"/>
Triglycerides	<input type="text"/> mg/dL	<input type="checkbox"/>	Notes:		
Glucose	<input type="text"/> mg/dL	<input type="checkbox"/>			
A1C	<input type="text"/> %	<input type="checkbox"/>			

Healthcare Provider Name *(please print)* _____ Healthcare Provider Signature _____