



Kansas City



# Physician Screening Option

To access A Healthier You, log into:

[www.MyBlueKC.com](http://www.MyBlueKC.com) or MyBlueKC App then click on Health and Wellness > A Healthier You

**STEP 1:**  
Click on View Biometric Screening Options

- View Biometric Screening Options  
Earn 750+ pts
- Health Risk Assessment  
Earn 750 pts
- Preventive Visit  
Earn 1,000 pts

**STEP 2:**  
Continue

Continue to our partner's site  
Press Continue to navigate there now.

Continue

The first time on the site you will be asked to input information to verify identity.

Schedule an appointment at your employer site. A technician will collect your results onsite and submit for processing.	Download the Physician Screening Form and have your personal health care professional complete the information for you to submit for processing.
<b>ONSITE SCREENING</b>	<b>PHYSICIAN SCREENING</b>
click below to schedule appointment	click below to use your own physician
Click to Select	Click to Select

THIS OPTION ALLOWS ACCESSIBILITY TO A PHYSICIAN SCREENING FORM (PSF) AND ABILITY TO SUBMIT THE COMPLETED DOCUMENTATION.

If you would like to move forward with this option, click the continue button to the right and then sign the consent forms on the next page. Once you finish the process you will receive an auto-email with instructions for the screening form that you must submit, once you receive your results.

Thank you for selecting the option to submit physician screening results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician visit.** You will be emailed the Physician Screening Form which you must complete and fax back to us. **Please use your eight digit birth date to open the attachment (i.e. if you were born September 5, 1972 you would enter 09051972).**

**Criteria and Instructions:**

- The required laboratory tests include: **Lipid Panel and Glucose (either fasting or non-fasting).**
- The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
- All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and therefore considered incomplete.
- Completed Physician Screening Form can be faxed to 210-899-1227 or emailed to [AHYscreening@healthscreenings.com](mailto:AHYscreening@healthscreenings.com).

You should receive an email within 72 hours to confirm receipt of your form and supporting materials. If you do not, please contact eHealthScreenings by email at [AHYscreening@healthscreenings.com](mailto:AHYscreening@healthscreenings.com) or by phone at 1-888-708-8807.

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**STEP 3:**  
Click on the physician screening option

**STEP 4:**  
Read and Click Continue

**Having Trouble? Call 888-708-8807 and select Option 1.**



Kansas City



# Physician Screening Form

**STEP 4:**  
Read and click  
Continue

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Thank you for selecting the option to submit physician screening results. **Note: If you do choose this option regular co-pays and deductibles may apply for the physician visit.** You will be emailed the Physician Screening Form which you must complete and fax back to us. **Please use your eight digit birth date to open the attachment (i.e. if you were born September 5, 1972 you would enter 09051972).**

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2. The required biometrics include: **Blood Pressure, Height, Weight, and Waist Circumference.**
3. All of the information included on the Physician Screening Form is required. Any missing information will prevent your results from being entered and therefore considered incomplete.
4. Completed Physician Screening Form can be faxed to 210-899-1227 or emailed to [AHYscreening@ehealthscreenings.com](mailto:AHYscreening@ehealthscreenings.com).

You should receive an email within 72 hours to confirm receipt of your form and supporting materials. If you do not, please contact eHealthScreenings by email at [AHYscreening@ehealthscreenings.com](mailto:AHYscreening@ehealthscreenings.com) or by phone at 1-888-708-8807.

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[Continue](#)

**STEP 5:**  
Click on  
"I agree", Enter  
your name and  
click "Continue"

## Health Screening Consent

Your employer has contracted with Premise Health Employer Solutions, LLC, on behalf of its affiliate eHealthScreenings ("Premise Health") to provide certain health and/or wellness services in connection with voluntary health screen program.

**If applicable, by participating in the biometric screening,** you consent to the collection of a blood specimen and/or bodily fluids. You understand and acknowledge that the collection of blood through a needle or fingerstick may cause pain, a bruise or, rarely, an infection. You also consent to the collection of additional biometrics (height, weight, blood pressure, waist circumference, and perhaps other measurements, as

I Agree (must scroll through consent)

[Printer Friendly](#)

Signature (First and Last Name):

Today's Date:

01/28/2021

[Continue](#)

**STEP 7:**  
Complete  
the form

- A confirmation page will appear to confirm your choice of physician screening form.
- There will be a link to download the form on the confirmation page and you will be emailed a copy of the form to the email you entered in the system.
- Directions are available on your physician screening form for completion.

**Having Trouble? Call 888-708-8807 and select Option 1.**