



IMPROVED VALUE FORM

Keep up your healthy routines in an effort to improve your biometric screening values on your own. Visit your onsite WellNurse or take this form to your healthcare provider to retest any triggered values. **Return this form to your WellNurse to review for condition management credit by 5/31/2020.**

Section 1 – TO BE COMPLETED BY WELLNURSE: Original Biometric Screening

Date of Original Biometric Screening _____

<input type="checkbox"/> BMI _____ <input type="checkbox"/> % body fat _____ <input type="checkbox"/> BP _____ <input type="checkbox"/> TC/HDL ratio _____ Goal:	<input type="checkbox"/> TC/HDL <u>ratio</u> _____ Goal:	<input type="checkbox"/> Blood Sugar _____ Fasting Non-fasting <input type="checkbox"/> HbA1c _____ Goal:	<input type="checkbox"/> Blood Pressure _____ Goal:
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Section 2 – TO BE COMPLETED BY WELLNURSE OR PRIMARY CARE PROVIDER: Improved Value Recheck

Date of Value Recheck _____ (Must be on or after biometric screening date)

<input type="checkbox"/> BMI _____ <input type="checkbox"/> % body fat _____ <input type="checkbox"/> BP _____ <input type="checkbox"/> TC/HDL ratio _____	<input type="checkbox"/> TC/HDL <u>ratio</u> _____	<input type="checkbox"/> Blood Sugar _____ Fasting Non-fasting <input type="checkbox"/> HbA1c _____ History of DM Y N	<input type="checkbox"/> Blood Pressure _____
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Cigna WellNurse or Healthcare Provider signature: _____

Condition Management program credit? (**WellNurse only**) Y N

Section 3 – Participant Information - to be completed by the participant

Participant Name: _____ DOB: _____
 Property: _____ Phone #: _____ Email: _____
 Circle one: Employee Spouse Participant Signature: _____

If you have questions about your progress in the program, please call 1-800-591-9220 or see your WellNurse. Improved values do not impact bonus eligibility.