

State of Wisconsin Biometric Completion Form



Section 1: Primary subscriber information

Last name	First name	M.I.
Subscriber no. (This is the nine-digit subscriber no. on your ID card/must be completed)	Employer name	

Section 2: Individual reporting biometrics (participant)

Participant last name	Participant first name	M.I.	Date of birth (MMDDYYYY)	Gender Male Female
Mailing street address (to send reward)	City	State	ZIP code	

Please select one of the options below based on your current situation and complete the necessary information.

I am pregnant – You don't need to complete the biometric screening. Just have your practitioner complete the practitioner information section below or have your employer complete the employer information section below and return the form to Anthem Blue Cross and Blue Shield (Anthem).

I have recently had my biometrics taken by my practitioner – You will need to have your practitioner complete the biometric screening information section and the practitioner information section below or attach a copy of your test results including your name and the date of service to this form, and return it to Anthem.

Participant signature X	Date (MMDDYYYY)
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Practitioner signature required **only** if participant is currently pregnant and unable to complete the screenings.

Practitioner signature X	Date (MMDDYYYY)
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Section 3: Biometric screening information

Screening test	Results	Date of result	Comments
Total cholesterol			Fasting Non-fasting
LDL cholesterol			Fasting Non-fasting
HDL cholesterol			Fasting Non-fasting
Triglycerides			Fasting Non-fasting
Glucose			Fasting Non-fasting
Blood pressure			
Height			
Weight	lbs		

Section 4: Practitioner information

Name of clinic/Practitioner	
Practitioner signature X	Date (MMDDYYYY)

Please send completed form to:

Anthem Blue Cross and Blue Shield
 Attn: Marin Kleinke
 145 S. Pioneer Road
 Fond du Lac, WI 54935
 Fax: 920-924-7000

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