# Biometric Screening Event Planning Order Form

**Complete all items in the planning table below. The screening vendor will schedule staffing based on the estimated participants, times and dates you provide.**

**Six weeks lead time is needed to schedule your events**

**Email completed form to JKelleher@ehealthscreenings.com and AHY@BlueKC.com. eHealth Screenings will follow up with next steps.**

## Terms and Conditions: *By submitting this form, you are agreeing to the terms and conditions listed below.*

1. **Eligibility:** Screenings are available to Blue KC subscribers and spouses enrolled in the group's medical plan.
    a. **New Hires/Non-Members:** New hire employees must become active on the Group's Blue KC medical plan within 30 days of their screening date to be counted as a member; otherwise, they will be treated as a non-member and an invoice will be issued to the employer group.
2. **Participation Policy / Adjustments to Estimated Participation:** A Minimum Participation Threshold of **twenty (20)** participants per event is required to order an event without incurring extra fees. Client can adjust projected minimums prior to **10 calendar days** before the scheduled screening event. After the 10 day window, changes may incur additional fees and un-booked screening appointments will be charged; these fees and un-booked screening costs will be payable by Group.
3. **Scheduling Policy:** A minimum notice of six (6) weeks is required to book a screening event. Standard events require a minimum of four (4) hours of screening time, excluding setup and breakdown times.
4. **Cancellation policy:** If Client cancels a booked screening within 10 calendar days of the scheduled event, client will be responsible for 100% of the charges and expenses associated with such booked screening.
5. **Split Shifts:** Two events on the same day and location separated by an amount of time greater than one (1) hour are treated as separate events with each holding to the respective event minimum of 20 participants.
6. **Physician Submission Form (PSF):** Each participant who elects to use the PSF will be responsible for printing the pre-populated form from the Blue KC portal. Blank forms cannot be distributed due to the participant being required to submit and complete the consent and HIPPA forms. The cost of administration of Physician Screening Forms is $15, per PSF submitted. Any PSF submitted for an individual covered under Group's health plan will be payable by Group.
7. **Offsite Lab Screening Option:** Employers can opt to elect an offsite lab screening option for their employees to utilize for their screening participation. Members must use AHY directions to request a lab requisition form and the lab location they want to attend (from a list of participating locations).
8. **Claims:** Onsite fasting/non-fasting fingerstick and the offsite lab screening option are processed via a $54/participant claim to the plan. There is no member cost share for the claims.
9. **Potential Fees:**
    a. **Non-Medical Plan Members:** Fees will be issued to the client for non-medical plan members attending the screening at a rate of $54/ non-medical plan participant.
    b. **Premium Hours:** Booked Screenings on weekends, holidays, and between the hours of 7pm and 7am, and to events less than the standard four hours duration will have an additional $25 per hour, per tech fee associated with them. Holidays include New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve and Christmas Day. If a holiday falls on a Saturday, the holiday will be observed on Friday. Group is responsible for any/ all billable Premium Hours.
    c. **Minimum Participation:** The group is financially responsible for any scheduled screening appointments that remain unbooked. Unused appointments will be billed at the applicable screening rate. Appointments added by eHealth in excess of the minimum commitment are provided at no additional cost.
        i. Groups electing to proceed with a screening event below the minimum appointment threshold will be responsible for the minimum appointment commitment and/or an applicable Small Event Fee, which will be quoted by eHealth prior to event confirmation.
    d. **Physician Screening Form (PSF) Fees**: The cost of administration of Physician Screening Forms is $15, per PSF submitted. Any PSF submitted for an individual covered under Group's health plan will be payable by Group.

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e. **Offsite Lab Screening Fees:** Employers that elect an offsite lab screening option will be responsible for the claims costs associated with each offsite lab screening completed for screening . Members must use AHY directions to request a lab requisition form and the lab location they want to attend (from a list of participating locations).

f. **Venipuncture Screening:** Should a group opt for a venipuncture screening, Venipuncture results in the $54 per participant claim and a $15 invoice per appointment ordered to the group. Other testing options available for additional fees.

Please contact AHY@BlueKC.com with any questions on the above terms.

## Biometric Screenings Order Form (client to complete all items below):

***By emailing this form CLIENT hereby agrees that this order is to be placed in the eHealthScreenings system as a booked screening as defined in the master agreement between eHealthScreenings, LLC and Blue KC.***

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|---|---|---|
| **Client Name:** | **Blue KC Group Number:** | |
| **Biometric Screening Type:** | ☐ Fasting Finger Stick ☐ Non-Fasting Finger Stick ☐ Both Fasting/Non-Fasting Finger Stick ☐ Venipuncture | |
| **Group Main Contact Info:** | **Name**: **Email**: **Cell**: | |
| **Wellness Program Year & Registration Type:** | **Medical Plan Year Start Date:**<br>**Medical Plan Year End Date:** | **Date Registration Open Date:**<br>☐ Portal Registration (members will register in MyBlueKC.com > A Healthier You)<br>☐ Manual Registration Form (paper sign ups, no online registration) |
| **Additional Screening Options: Please be sure to indicate if you do or do not wish to elect these items** | **Physician form**: ☐ Yes ☐ No<br>Date to Post:<br>Date to Remove: | **Lab Screening Option** ☐ Yes ☐ No<br>Date to post:<br>Date to remove: |

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|---|---|---|---|
| **eHealth Screenings Contacts:** | **Main Contact: Joanna Kelleher:**<br>210-920-1135<br>jkelleher@ehealthscreenings.com | **Back up contact: Janin Blanco**<br>210-802-9934<br>janin.blanco@premisehealth.com | **Biometric Screening Emergency Line:** 888-342-7778 |
| **Blue KC Information:** | **Email: AHY@BlueKC.com** | | |

## Onsite Event Order Details:

| Date/Time | Location Name/Address | Event Contact Information | Expected participants | Language Needs | Supplies | Event Location Notes |
|---|---|---|---|---|---|---|
| Event Date:<br><br>Event Start Time: | Location Name: | Location Contact:<br><br>Email: | Number of expected participants:<br><br>Note: Staffing and event details depend on the | ☐ Spanish Language Needs:<br><br>If yes approx. #: 0 | ☐ Ship to event location<br>OR | Building Directions: |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Location Address:<br><br>Room Name: | Cell: | number of expected participants. Please be as accurate as possible with the number of members that will attend. | | ☐ Ship to screening event technician to bring to event<br><br>Shipping address/Contact: | Building Entrance Instructions:<br><br>Parking Information: |
| Event Date:<br><br>Event Start Time: | Location Name:<br><br>Location Address:<br><br>Room Name: | Location Contact:<br><br>Email:<br><br>Cell: | Number of expected participants:<br><br>Note: Staffing and event details depend on the number of expected participants. Please be as accurate as possible with the number of members that will attend. | ☐ Spanish Language Needs:<br><br>If yes approx. #: 0 | ☐ Ship to event location<br>OR<br>☐ Ship to screening event technician to bring to event<br><br>Shipping address/Contact: | Building Directions:<br><br>Building Entrance Instructions:<br><br>Parking Information: |
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| Event Date: | Location Name: | Location Contact: | Number of expected participants: | ☐ Spanish Language Needs: | ☐ Ship to event location | Building Directions: |

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|---|---|---|---|---|---|---|
| Event Start Time:<br><br><br><br> | Location Address:<br><br><br>Room Name: | Email:<br><br>Cell: | Note: Staffing and event details depend on the number of expected participants. Please be as accurate as possible with the number of members that will attend. | If yes approx. #: 0 | OR<br>☐ Ship to screening event technician to bring to event<br><br>Shipping address/Contact: | <br><br>Building Entrance Instructions:<br><br>Parking Information: |
| Event Date:<br><br>Event Start Time:<br><br> | Location Name:<br><br>Location Address:<br><br>Room Name: | Location Contact:<br><br>Email:<br><br>Cell: | Number of expected participants:<br><br>Note: Staffing and event details depend on the number of expected participants. Please be as accurate as possible with the number of members that will attend. | ☐ Spanish Language Needs:<br><br>If yes approx. #: 0 | ☐ Ship to event location<br>OR<br>☐ Ship to screening event technician to bring to event<br><br>Shipping address/Contact: | Building Directions:<br><br><br>Building Entrance Instructions:<br><br>Parking Information: |
| Date:<br><br>Event Start Time:<br><br> | Location Name:<br><br>Location Address:<br><br>Room Name: | Location Contact:<br><br>Email:<br><br>Cell: | Number of expected participants:<br><br>Note: Staffing and event details depend on the number of expected participants. Please be as accurate as possible with the number of members that will attend. | ☐ Spanish Language Needs:<br><br>If yes approx. #: 0 | ☐ Ship to event location<br>OR<br>☐ Ship to screening event technician to bring to event<br><br>Shipping address/Contact: | Building Directions:<br><br><br>Building Entrance Instructions:<br><br>Parking Information: |