Waukesha County 2025 Health Screening Program

BIOMETRIC SCREENING VISIT - LABCORP OPTION
CERTIFICATION OF COMPLETION FORM

PARTICIPANT INSTRUCTIONS:

The Health Screening Program is voluntary for employees and spouses enrolled in the County's health insurance. It consists of a biometric screening (which includes blood draw, height, weight, and blood pressure) in order to earn the health plan incentive for 2026. **If you would prefer to complete your screening at a local LabCorp location, please follow the steps outlined below:**

1. **Print the following, or request and pick up from Waukesha County HR Department**
   a. BIOMETRIC SCREENING - LABCORP - CERTIFICATION OF COMPLETION FORM
   b. LABCORP REQUISITION (page 2 of this document) [Note: must be printed in color]
2. **Complete the highlighted fields on the LabCorp Requisition**
3. **Walk-in or make an appointment at a LabCorp location**
   The following LabCorp locations are less than 15 miles from Waukesha County Courthouse:
   - 1111 Delafield Street, Suite 301, Waukesha, WI 53188
   - 8333 W Greenfield Ave., Milwaukee, WI 53214
   - 613 N 36th Street, Lowr, Milwaukee, WI 53208

   To find additional locations visit: www.labcorp.com/labs-and-appointments
4. **Provide the** LABCORP REQUISITION **at the time of your appointment**
5. **Last, complete this** BIOMETRIC SCREENING - LABCORP - CERTIFICATION OF COMPLETION FORM **and attach either a copy of your LabCorp receipt or copy of the accession number page from the LabCorp patient portal, for verification of your Biometric Screening Visit, and return both to Waukesha County's Human Resources Department**

All other information is confidential and will not be shared with Waukesha County in accordance with HIPAA guidelines.

Note: You can expect that you will be required to pay for the cost of the lab work. To avoid the costs, participants are encouraged to complete the screening through one of the no cost options: either through a biometric screening appointment at the Waukesha Employee Health & Wellness Center during their assigned month, or at the Waukesha Employee Health & Wellness Center during an annual physical visit.

You must return this form to Waukesha County's Human Resources Department by September 30, 2025, or mail to the address below postmarked by September 30, 2025.

Waukesha County Human Resources
515 W Moreland Blvd, Rm A-160
Waukesha, WI 53188-2482
Phone: (262) 548-7044 | Fax (262) 896-8272

Participant is (Check One): ☐ County Employee ☐ Spouse Participant Name (Print):	Date of Birth:

Biometric Screening Visits completed between March 1, 2025, and September 30, 2025, will be accepted.
Please ensure that a copy of your LabCorp receipt is attached to this document.

By signing below, you acknowledge that as the participant, you have completed a Biometric Screening Visit at a local LabCorp location and have attached either a copy of the receipt or the accession number page from the LabCorp patient portal to this form.

I am confirming that I have completed a Biometric Screening Visit at LabCorp to satisfy the requirements of the Waukesha County Health Screening Program.

Date of Biometric Screening Visit at LabCorp:	☐ Check the box to confirm that one of the following is attached: • Copy of the LabCorp receipt, or • Copy of the accession number page from the LabCorp patient portal

Participant Signature:	Date Signed:

REQUESTED BY

To find the nearest patient service center, visit www. Labcorp.com or call 888-Labcorp (888-522-2677).

Send additional copy of report to:
☐ Fax
☐ Call
Client Number/Physician's Name ( ) Phone/Fax Number

0703.33

EVERSIDE HEALTH-WAUKESHA EMPLOYEE HEALTH WC
615 WEST MORELAND BLVD
WAUKESHA, WI 53188
262-896-8470

*****ENTER ONLY THE ACCOUNT NUMBER CIRCLED*****
LABCORP ACCOUNT NUMBER: 48203540

CIRCLE ONE:
1851300933 - TOTH,GLENN

CHECK ONE:
04 [✓] PATIENT
XI [ ] INSURANCE

Patient's Legal Name (Last, First, MI)	Sex	Date of Birth MO DAY YR	Collection Time AM PM	Fasting ☐ Yes ☐ No	Collection Date MO DAY YR	Urine hrs/vol hrs____ vol____
			:			

NPI	Physician's ID #	Patient's ID #	Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) — Physician/Authorized Signature X

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED
z00.8
z01.89

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State — Physician's Provider #	Workers Comp ☐ Yes ☐ No

PATIENT
Patient's Address — Phone
City — State — ZIP

RESP. PARTY
Name of Policy Holder (if different from patient)
Address of Policy Holder — APT #
City — State — ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to Labcorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.
X Patient's Signature — Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	☐ 998074	☐ 998085	☐ 998239	☐ 998250	☐ 998261	☐ 998272	☐ 998283	

PLEASE PRINT

[✓] 303756 Lipid Panel
[✓] 503205 A1c w/GlycoMark (R) Reflex
[✓] 001032 Glucose
[✓] 322000 Comp. Metabolic Panel (14)
[ ] 010322 Prostate-Specific Ag (50-year-old male & over)

ITEM # 056509 FORM # 0703 (UNIVERSAL FREEFORM 07)
8810055717 RR Donnelley ©2021. All rights reserved. — 0221
© 2021 Laboratory Corporation of America® Holdings
(REV 01/07/2021)

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. LISTED ABOVE ARE THE CUSTOMIZED PROFILES YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE INDIVIDUAL COMPONENTS HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON CUSTOMIZED TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.