Iowa Laborers District Council Health & Welfare Fund
Healthy For Life

Section I: Patient Information

First Name _____ Date of Birth _____

Last Name _____ ☐ Male ☐ Female

Phone Number _____ Last Four SSN _____

Email _____

Section II: To Be Completed By Physician - Exam Labs must be competed between 1/1/2022-10/31/2022

Date of Exam _____ Does this person use Tobacco/Nicotine ☐ Yes ☐ No

Date of Lab Collection _____ Fasting ☐ Yes ☐ No

Blood Pressure

Height in Inches	Weight in Pounds	Waist Circumference	Systolic	Diastolic	Glucose

Total Cholesterol	HDL	Triglycerides	LDL	Cholesterol Ratio

Preventative Screenings - Physician to determine if the following are medically necessary.

	Completed	Not Completed	Not Needed
Pap Smear (for women) within 3 years if 21 or older	☐	☐	☐
Mammogram (for women) within 1-2 years if 40 or older	☐	☐	☐
Prostate Cancer Screening (for men) 45 or older with family history	☐	☐	☐
Colorectal Screening (adults over 50) Fecal Occult Blood Test or Colonoscopy	☐	☐	☐
Complete Blood Count (CBC)	☐	☐	☐
Thyroid Stimulating Hormone (TSH)	☐	☐	☐

Physician's Name (First and Last) _____ Physician's Phone Number _____

Physician's or LIP Signature _____ Date _____

ALL INFORMATION IS REQUIRED. Please review and submit completed form to:

Mail: BMGI 150 1st Ave NE , Suite 450 Cedar Rapids, IA 52401
Fax: 319-365-1043 (Cover sheet **not** required. Please fax **only** one person at a time.)
Email: claims@bmgiweb.com ATTN: IALABR Healthy for Life