

# 2025 Examiner Meeting

**WORKSITE WELL-BEING**



# Meet the Strive Team



**Sara Armstrong**  
Senior Vice President,  
Wellness



**Lexi Judkins**  
Wellness Manager



**Emma Lough**  
Wellness Coordinator



**Renee Johnson**  
Wellness Coordinator

# What is Kapnick Strive?

Kapnick Strive is a multifaceted, customizable, worksite well-being program designed to help organizations manage healthcare costs, drive engagement, and enhance employee well-being. Our goal is to help employees achieve their best health by providing education, support, resources and rewards.

## What sets us apart?

Strive services are provided directly with Kapnick's own team of in-house health professionals.

We are the health coaches.

We are the wellness coordinators.

We provide our own wellness platform.

Utilizing internal resources allows the Strive team to quickly establish a program with year-round initiatives customized to each organization. This provides consistency, which is the best way to foster a culture of health and well-being. Strive also has the unique ability to integrate Kapnick Strive biometric data with Kapnick Lens (when available).





- **Events are posted via Humanity**

- All “Active” examiners are notified
- Occasionally a reschedule or urgent help request will be sent via email/text from a member of the Strive team

- **Examiners may request the event**

- **Strive assigns the event based on:**

- Distance from event
- Client requests

- **Strive provides the necessary screening supplies** and ensure a safe working environment at the screening location

- **Strive sends event information email** to examiners, site contact and participants day before

- **PPE will be provided** and must be always worn at all events.

- You may use your own personal PPE
- Examples: Face Shield, Face Mask, etc.

- **After the event**, the Lead Examiner ships the blood draws to the lab (CRL) & completes the Event Summary Form

- **Submit Invoice**

# How it Works...



# For New Examiners:



<https://www.youtube.com/watch?v=NGdoXrwqUlc&feature=youtu.be>



**01.** Phlebotomist,  
CPT/CMA/RN/LPN

**02.** Medical Certification  
Submitted and Maintained  
Throughout Contract

**03.** Documentation as a  
Sole-Proprietor

**04.** Performed at least 100  
successful sticks  
within past 6 months

# Examiner Requirements



# Expectations & Professionalism

**First Impressions**

**Effective Communication**

**Consistent Quality**

**Building Trust**

**Timely Delivery**

**Mitigating Issues**

**Professionalism**

**Employee Satisfaction**

**Feedback Mechanism**

**Legal and Ethical Obligations**

**Personalized Approach**

**Continuous Improvement**



# Pitfalls to Avoid

Poor Hygiene Practices

Lack of Preparation

Rushing Clients

Poor Communication

Ignorning Clients Concerns

Violating Privacy Rights

Poor Bedside Manner

Unprofessional Behavior





# Remember, **WE** work for **THEM**.

Our clients are typically always pleased with our examiner's services, and many will request you to come back and perform the screenings again because they enjoyed working with you.

**Kapnick provides the tools necessary to complete each biometric screening. Examiners need to use the provided measurement tools when conducting each screening to remain consistent year to year.**

# Compensation



## Fees for Service Events

- Your Contracted Rate
- \$30 extra per day for the Team Lead

## Fees for Service Home Screenings

- \$75 plus mileage per 2 people screening at set location

## Mileage Reimbursement

- \$0.65 per mile
- Based on distance from home address to designated job site after the first 20 miles.
- Mileage details on invoice MUST include:
  - Total round-trip miles (minus the first 20 miles)
  - Job site address
  - Examiners home address

## Travel Day

Applied when required travel for an event hinders you from performing a screening event that same day.

*Example:* flight leaving at Noon, so you'd be unable to work a screening event that morning.

## Bonus Program!

For every 10 events worked  
= \$75 in bonus

\*must submit invoice that includes event names and dates worked\*

## Referral

\$25 per person

After person completes their first event.

# Compensation Reminders

## INVOICES

- Must be submitted within 30 days of the event
  - this includes on-site and home screenings
- [icexaminer@kapnick.com](mailto:icexaminer@kapnick.com)
- **All invoices must include supporting documentation (receipts) and submitted as one PDF attachment.** This attachment should include:
  - Invoice
  - Receipts (if applicable)
- *Event Summary Form must be completed before and invoice is processed*

## DIRECT DEPOSIT


- Complete Vendor ACH form
- Email to [sara.armstrong@kapnick.com](mailto:sara.armstrong@kapnick.com)





# Invoice Process

1. Complete **Event Summary Form**
2. **Take picture** of completed form and participant log forms
3. **Email** assigned Wellness Coordinator
  - a. Lexi Judkins - [lexi.judkins@kapnick.com](mailto:lexi.judkins@kapnick.com)
  - b. Emma Lough - [emma.lough@kapnick.com](mailto:emma.lough@kapnick.com)
  - c. Renee Johnson - [renee.johnson@kapnick.com](mailto:renee.johnson@kapnick.com)
4. Notify Strive Wellness Coordinator of **supply status**
5. **Complete invoice** (and any receipts) in put into one PDF attachment.
  - a. Include: client name, location address and event date
6. **Email invoice** to [icexaminer@kapnick.com](mailto:icexaminer@kapnick.com) within 30 days of the event

**Kapnick Strive Screening Event Summary Form**

**Instructions:**  
Please take a picture of this form and the participant log forms and submit via email to the account wellness coordinator before you leave event.  
[Emma Lough at Emma.Lough@kapnick.com](mailto:Emma.Lough@kapnick.com) OR  
[Lexi Judkins at Lexi.Judkins@kapnick.com](mailto:Lexi.Judkins@kapnick.com) OR  
[Leah Birchfield at Leah.Birchfield@kapnick.com](mailto:Leah.Birchfield@kapnick.com)

Team Lead Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Client Name: \_\_\_\_\_

# of samples and forms submitted: \_\_\_\_\_

Any incidents that occurred: \_\_\_\_\_

Any critically high BP readings: \_\_\_\_\_

☐ Check box if event supplies have been send back to Kapnick Insurance Group  
\*return label is in event supplies box\*

**Invoices received by 5 pm on Monday will be processed Friday of that week.  
Some exceptions may apply. We will do our best to notify you of these changes.**



# Before & During the Health Screening

## LEAD EXAMINER RESPONSIBILITIES

01.

**Contact Site Contact** NO LESS than 4 days prior to event to verify entry procedures and any special instructions

02.

### Supplies

- Spinning, packaging and shipping of blood samples and consent forms
- Make sure supplies are packed and ready for pick up

03.

**Complete & email** a copy of the **Event Summary Form** to assigned wellness coordinator prior to leaving event.

04.

**Mail back sign-in sheets** to the Kapnick main office IMMEDIATELY following event

05.

**Ensure Examiner team is professional**, following the Strive protocol, using the correct equipment



01.

**Read the email** sent from the Wellness Coordinator sent the day before event

05.

Specimen Collection via **Venipuncture & Centrifuge** the Samples

02.

**Dark colored scrubs**

06.

**Log Sheets**  
(to be submitted to Kapnick along with participation lab sheets)

03.

**Event Set-Up and Breakdown**

07.

**Ensure Examiner team is professional**, following the Strive protocol\* and using the correct equipment

04.

**Confirm Information**  
Have participants review and confirm biometrics before signing lab/consent form: Height, weight, hips, waist, blood pressure

07.

**Blood Pressure Critical Value** to those 140/90 or higher and/or **Incident Report**

# Before & During the Health Screening

**ALL EXAMINERS RESPONSIBILITIES**



# After the Health Screening

## ALL EXAMINERS RESPONSIBILITIES

01.

### Biohazard Disposal

NEVER leave biohazards at event overnight. Always take this with you and dispose according.

02.

### Confirm Information

double check consent forms, participant logs, incident reports, event summary form

03.

### Clean Up Space

04.

Email Event Summary Form and Submit Invoice





# Health Screening Reminders

- **Slow Down and Take Time**
  - Take the proper amount of time needed to obtain an accurate measurement or reading
    - Inaccurate readings impacts the participant greatly and could potentially cost them to lose automatic eligibility for wellness incentives offered by their employer (primarily waist and hip, weight, etc.)
    - We know mistakes can happen and events can become busy – but accurate readings are a top priority
- **Don't compare yourself to others**
- **Use the right supplies**
  - Please be sure to use the appropriate cuff as needed.
    - If XL BP cuff is needed, one is always packed within the supplies.
  - For those that need supplies restocked or replace, please email Lexi @ [Lexi.Judkins@kapnick.com](mailto:Lexi.Judkins@kapnick.com)
    - We will need you to return any equipment that is getting replaced
- **YOU ARE A TEAM!**





# Cancellations

- If you sign up for an event and you are no longer able to do it, it is **your responsibility** to find a replacement.
  - NOTE: If your replacement is going to accrue more miles than the original assigned examiner, then you **must receive approval** from the assigned Wellness Coordinator.
- If you **cancel a scheduled event 2x or more**, you will no longer be considered an active Kapnick Strive Examiner

# Next Steps...

The following contracts and documents needed for 2025

W2

*for new  
examiners only*

Examiner  
Contract

BAA  
Agreement

Driver's  
License

*for new  
examiners only*

Certification

*for new  
examiners only*

You will be receiving an email within the week for your e-signature  
(Indio).

Please complete the documents no later than **5/15/2025**

# Thank You!

