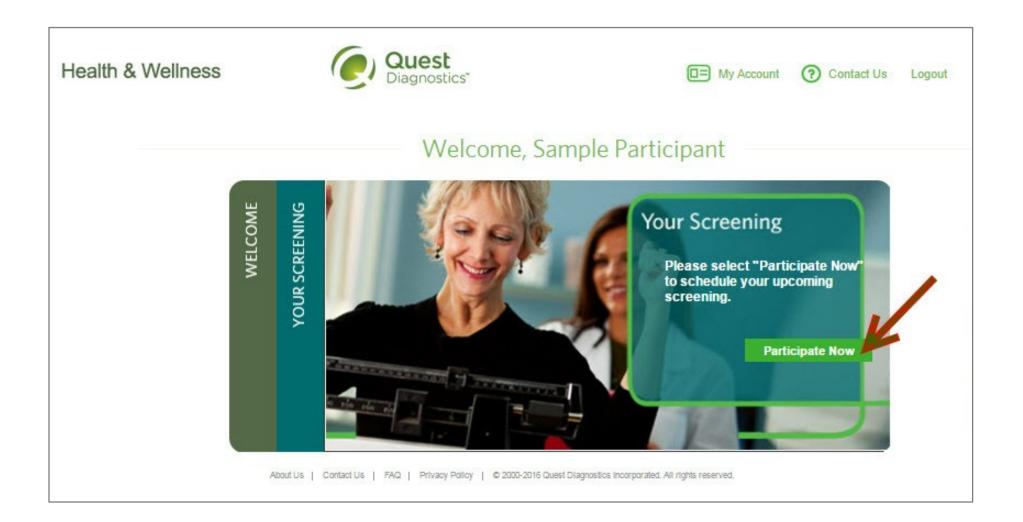
## Health & Wellness



### How to complete your screening with the Physician Results Form

- Visit My.QuestForHealth.com and use the Sign In area to log in using the username and password you created
- Or, if you are a new user, please click the Register Now button in the Sign Up Now area to register
- After logging in or registering, click Get Started to go to the Screening Homepage











# Schedule Your Screening

Welcome, Sample Participant

Your path to Health & Wellness starts here. To get started, select a screening option below, that is convenient for you.



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• Use the link next to the image of the form to download and print your personalized Physician Results Form

• Verify that all of your personalized information included in the form is accurate and have your physician complete the form

### Health & Wellness



My Account Contact Us Logout

## Confirmation

Thank You Sample Participant! Your wellness screening form is ready to download and take to your Healthcare Provider.

### Physician Results Form Cancel

Test(s) must be completed on or before: Friday, Mar 17, 2017

Physician Results Form Must be Returned by: Friday, Mar 17, 2017



### **Prepare for Your Appointment**

Thank you for selecting the Physician Result Form option.

Take the below form to your Healthcare Provider. Be sure they complete the form in its entirety and fax it to the number provided before your deadline.

#### **Next Steps For You**

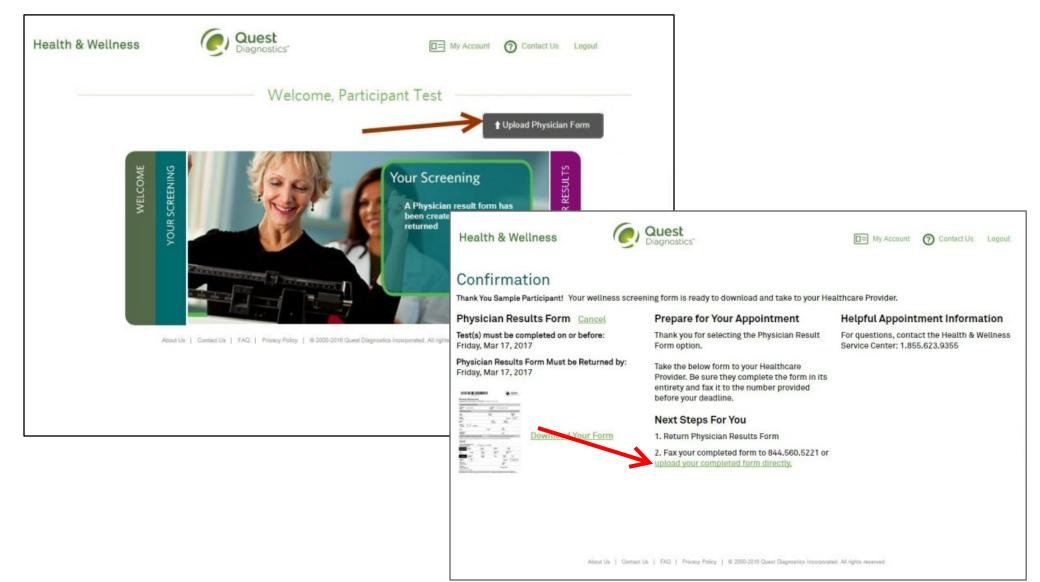
1. Return Physician Results Form

2. Fax your completed form to 844.560.5221 or upload your completed form directly.

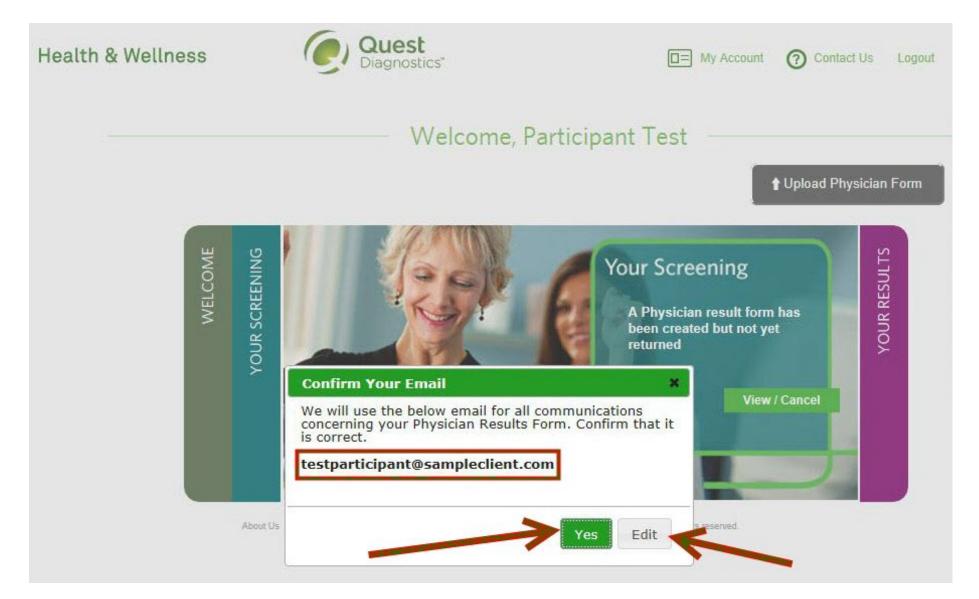
#### Helpful Appointment Information

For questions, contact the Health & Wellness Service Center: 1.855.623.9355 After your doctor completes the form, there are three options for submitting the form to Quest Diagnostics

- Your doctor can fax the completed form to the fax number indicated on the form, or
- · You may fax the completed form to the fax number indicated on the form, or
- You may submit your completed form to Quest Diagnostics electronically using the Upload Physician Form button in the upper right hand corner of the Homepage or the upload your completed form directly link on the Confirmation page
  - To use this method to submit your form, click the **Upload Physician Form** button or **upload your completed form directly** link and proceed to the next slide for further instructions



- After selecting Upload Physician Form, a Confirm Your Email window will pop up
  - To use this option you must have a working email address on file for notification purposes in the event your form is rejected
  - If the email address that appears is blank or incorrect, click the Edit button
    - This will take you to the My Account page where you can update the email address on file
    - You will need to update your email address and click **Save** to return to the homepage where you can click the **Upload Physician Form** button to begin the uploading process
  - If the email address that appears in the Confirm Your Email window is correct, click the Yes button to proceed



- After selecting Yes to confirm your email address, the Verify the Information on Your Form window will pop up
- Click the **Browse** button to locate your Physician Results Form file on your computer (.jpg, .png, .gif, or .pdf file formats are accepted)

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S	an your Physician Re	esults Form an	nd upload the	file here.		
	Browse Select File.	(.jpg, .png, .gif o	r .pdf files only)			
						YOUR RESULTS
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ge	t the missing informatio	on.	e to contact y	ar physician to		8
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n	ig/dL		7			
GL	UCOSE Nicotine User	Fasting	> 9 Hours			
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	Scan your	Physician Res		Physician Form			
	Browse	PhysicianResu	ltsForm_Exa		S		
3	files only)				53	-	YOUR RESULTS
C I	Enter Your	Results					RES
	Be aware th	at if you don't h	ave a result i	for a required	field below, your	rm has ∶yet	UR
	results cann	ot be processed	. You will hav	e to contact y	our physician to		8
	get the miss	ing mornation.					
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	ft	in	lbs				
	TRIGS (mg/dL)	HDL	TOTAL CHOL	LDL			
	mg/dL		L				
	GLUCOSE	Nicotine User	Fasting	> 9 Hours			
	mg/dL	Not provided	V Unkno	wn 🗸			
	WAIST (in)						
	in						
	Date Test(s) Perf	ormed Healthcar	e Provider	UPIN/NPI			
					100		
			2				

- Enter the results from your form into the fields provided on the Verify the Information on Your Form pop-up window before clicking the Submit button
- \*Important: You will be required to enter all lab results required by the Program Panel before being able to click the Submit button to upload your completed Physician Results Form. The Date Test(s) Performed field is required to fall within the Collection Date Range configured for the program before allowing you to click the Submit button. If Signatures are required, then the participant will be required to acknowledge these signatures were provided before submitting the form

V	Verify the Information on Your Form * Scan your Physician Results Form and upload the file here.							l Physician Form
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	Browse files only)	PhysicianRe	sultsForm_	_Example	e.pdf (.jpg,	.png, .gif or .pdf		LTS
5	Fut w Vere	Desults						ESU
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	90	110	95	1	00			
	GLUCOSE	Nicotine User	F	Fasting > 9 H	ours			
-	85	No	~	Yes	~			
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	32							
	Date Test(s) Perfo	ormed Health	care Provider	UPI	N/NPI			
	06/14/2016	Dr. S	ample	12	345678			
	✓ You have s	igned you <mark>r form</mark>	i. (if not you	r results w	ill be rejected	d)		
	Vour physi	cian has signed	the form (if	not your r	esults will be	rejected)		

- Once the participant selects "Submit" a Thank You window will appear and include a confirmation message
- The Upload Physician Form button will no longer be visible on the Homepage or the Confirmation page
- The Upload Physician Form button will only reappear if the form was rejected

