



**HEALTHCARE PROVIDER MUST PROVIDE  
CERTIFICATION BY COMPLETING THIS FORM**

Employee Name (Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Lawson # / Badge # \_\_\_\_\_

I attest that all information is true and accurate. If document is falsified I will be responsible for paying retroactive surcharges and may face disciplinary action up to and including termination of employment.

Signature of Employee: \_\_\_\_\_

**\*MEDICAL PROVIDER MUST SIGN AND DATE THE BELOW  
SCREENING COMPLETED BY:**

Date of Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Healthcare Provider Name (Print): \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_

Healthcare Provider's Phone Number: \_\_\_\_\_

Healthcare Provider's Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, & ZIP

MD Office Stamp

A primary care annual wellness visit will include the vital signs, (height, weight, pulse, BP, BMI), the history, physical exam, labs ((CBC, CMP, Lipid panel, UA), immunization assessment, and Mammogram/Colonoscopy (as appropriate)).

The provider verification form can be found and submitted on Lawson Employee Self-Service under the "My Personal Information" section and "Annual Wellness Visit." To find a primary care physician near you, visit [AvMed.org/jhs](http://AvMed.org/jhs). Please note: Wellness visits are 100 percent covered when using one of Jackson's health plans at any location of your choosing.

When you stay up-to-date on preventive healthcare, you are taking action toward a longer, healthier, and happier life!

**For questions, please call 305-585-LIVE  
or email [HR-Benefits@jhsmiami.org](mailto:HR-Benefits@jhsmiami.org).**