

# 2024 Annual Wellness Visit

## PROVIDER VERIFICATION FORM



**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
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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)).

On the home page of your Infor portal, drop down the "Health & Safety" tab found on the left hand menu. Select My Health Records. This will route you to the Wellness program. Click on the first tab Health components and search for the health component listed as "Annual Wellness" followed by the Submit button. The pop up will appear where you can upload your form and click Submit.

When you stay up-to-date on preventive healthcare, you are taking action toward a longer, healthier, and happier life! Annual Wellness Visits are covered once every plan year (not once every 12 months)

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