Jackson HEALTH SYSTEM

2026 Annual Wellness Visit

PROVIDER VERIFICATION FORM

HEALTHCARE PROVIDER MUST PROVIDE CERTIFICATION BY COMPLETING THIS FORM

Employees who become benefit effective on or after August 1st of the current year, are exempt from completing the form for current fiscal.

Employee Name (Print): _____

Phone Number: _____ Employee # / 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)).

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@jhsmiami.org.