

2027 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 (October 1 – September 30).

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 homepage of your Infor employee portal, drop down the Wellness tab found on the left-hand menu. Select Annual Wellness to upload your completed form. Once uploaded, click the Submit button to finalize. You will receive an automated email notification of your submission - followed by a confirmation of approval/denial after your form has been reviewed.

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.