

Annual Wellness Visit

PROVIDER VERIFICATION FORM

HEALTHCARE PROVIDER MUST PROVIDE CERTIFICATION BY COMPLETING THIS FORM

Employee Name (Print): _____

Phone Number: _____ Lawson ID _____

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 _____ Date _____

***MEDICAL PROVIDER MUST COMPLETE AND SIGN BELOW**
SCREENING COMPLETED BY:

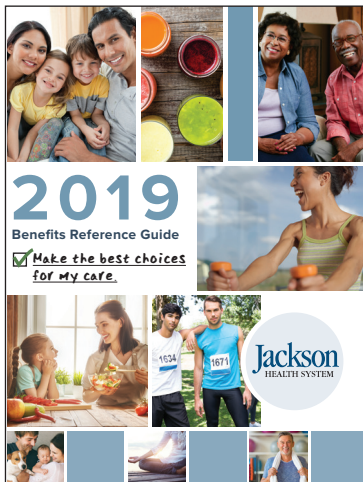
Healthcare Provider Name (Print): _____

Healthcare Provider's Signature: _____ Date of Visit _____

Phone Number: _____ Date of Visit: ____/____/____

Address, City and 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)).

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

For questions you can call 305-585-LIVE or email HR-Benefits@jhsmiami.org.