

Physician Form



As part of the HealthQuest Rewards Program, members are able to report their biometric data from their annual exam if they have not participated in an on-site biometric screening. Members that attend an on-site screening should not submit this form, as the biometric values from the on-site screening will not be adjusted. Members are encouraged to discuss their biometric and health screening results with their physician.

Member Information (Please Print)

Name (last, first, MI): _____

Employee ID: _____

Phone: (_____) _____ DOB: ____/____/____

Screening Results

Date of Screening: ____/____/____

Physician Name: _____

Healthcare Practice Name: _____

Physician/Nurse Signature: _____

Height (inches) _____ Total Cholesterol _____ Fasting Glucose _____

Weight (pounds) _____ Triglycerides _____ or Random Glucose _____

Waist (inches) _____ HDL Cholesterol _____

S/D Blood Pressure _____ LDL Cholesterol _____

Instructions for Submitting Results

Complete all information above and send via fax to **816.936.1625** or mail to **Cerner Wellness, 2800 Rockcreek Parkway, Mail drop W0411, Kansas City, MO 64117.**

New for 2022: Submit your Physician Form via the **HealthQuest portal** using these [instructions](#). Results will be entered into your HealthQuest Wellness Portal account within two weeks of submission.

All forms must be completed and submitted by December 23, 2022 to receive credit for premium incentive reduction in 2023, as the HealthQuest incentive deadline is December 31, 2022. Forms must be completed and submitted by November 14, 2022 for Plans C, N, J for HRA/HSA contributions.

Confidentiality Notice: Confidential Health Information Enclosed. Protected Health Information (PHI) is personal and sensitive information related to a person's healthcare. It is being faxed to you after an appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.