

2020 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: _____

***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



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, please call 305-585-LIVE
or email HR-Benefits@jhsMiami.org.**