

In order to keep your healthcare premium at the lowest rate, all Employees, Spouses and Dependents (18 or older) MUST complete all 2017 Wellness Screening requirements.

Wellness Screenings – Russell County and Public Schools

2017 Provider Notification Form

- Give this Provider Notification Form to your physician during your Preventive Annual Visit.
- Request a copy of the completed form to keep for your records.
- Either you or your physician may submit the form to Wellmont Health System – Business Health.

INSTRUCTIONS FOR PATIENTS: Please complete the Patient Information and the Provider Information sections of this form prior to meeting with your doctor.

Please mail (or fax) your completed form to Wellmont Health System, Attn: Business Health.

INSTRUCTIONS FOR PROVIDERS/CLINICS: Please complete #2 below in order to report a patient’s biometric result(s) and provide your signature and the date of service at the bottom of this form.

1. Patient Information (Required)		
Patient Last Name:	First Name:	M.I.:
Date of Birth:	Gender:	
Status: (Employee, Spouse or Dependent)		
Home Phone:	Cell Phone:	
Best Day (s) to Contact You:		
Best Time of Day to Contact You:		

Please note: Biometric screening results will NOT be accepted as part of the Wellness Program if completed prior to July 1, 2017.

2. TO BE COMPLETED BY PROVIDER: (Required Information)	
Body Mass Index (BMI) biometric test	Height (feet): _____ (inches): _____ Weight (lbs w/o shoes): _____
Blood Pressure:	Systolic: _____ Diastolic: _____
Pulse:	Bpm: _____
Labs <input type="checkbox"/> Fasting <input type="checkbox"/> Non Fasting	Total Cholesterol: _____ LDL: _____ VLDL: _____ HDL: _____ Risk Ratio: _____ Triglycerides: _____ Blood Glucose _____

Provider Name: _____ Date of Service: _____

Provider Signature: _____

Please submit this form to: Wellmont Health System, Attn: Business Health, 1905 American Way, Kingsport, TN 37664 or fax to 423-230-8416. Completed form must be received by October 31, 2017. Your personal health information as a result of this screening will be maintained in a confidential manner and will only be available to authorized Wellmont Health System professionals and Russell County and Public Schools Health Benefit Plan Administrator or designated representative.