



## 2019 Health Screening Form

As a member of the group health insurance plan, we encourage you to complete an annual wellness visit with your physician. **Please bring this form to your health care provider for documentation of your visit and corresponding results. IN ORDER TO RECEIVE INCENTIVE CREDIT, A COPY OF YOUR LAB RESULTS MUST BE SUBMITTED ALONG WITH THIS FORM. ALL FIELDS MUST BE COMPLETED, AND THE FORM MUST BE SIGNED AND/OR STAMPED BY THE PROVIDER. SUBMIT A COPY OF THIS FORM AND YOUR RESULTS BY NOVEMBER 30, 2019.** HEALTH SCREENINGS COMPLETED BETWEEN DECEMBER 1, 2018 AND NOVEMBER 30, 2019 WILL BE ACCEPTED.

**EMPLOYEES: PLEASE COMPLETE THIS INFORMATION.**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER ID \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

*(YOUR MEMBER ID IS LOF PLUS THE LAST SIX DIGITS OF YOUR SSN)*

**HEALTHCARE PROVIDERS: PLEASE COMPLETE THIS INFORMATION. ONLY WELLNESS VISITS (CPT Z00) ARE ELIGIBLE FOR CREDIT AS A PART OF THIS PROGRAM.**

NAME OF HEALTH CARE PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF CLINIC OR PRACTICE \_\_\_\_\_

SIGNATURE OF HEALTH CARE PROVIDER \_\_\_\_\_

TO BE COMPLETED BY HEALTH CARE PROVIDER	
HEIGHT	
WEIGHT	
WAIST CIRCUMFERENCE	
BLOOD PRESSURE	
LDL	
HDL	
TOTAL CHOLESTEROL	
TRIGLYCERIDES	
GLUCOSE	
DATE OF SERVICE	



**PLEASE RETURN THIS FORM AND A COPY OF LABWORK TO STERLING WELLNESS SOLUTIONS:**  
 210 West Mill St. Crowley, LA 70526  
 Phone: 1-800-838-0337 Fax: 337-783-7848  
 Email: [memberservices@sterling-wellness.com](mailto:memberservices@sterling-wellness.com)  
[www.Sterling-Wellness.com](http://www.Sterling-Wellness.com)