

Participants - PLEASE READ!!

Directions for completing form.

1. Read all directions before taking to your physician.
2. Labs **MUST** be completed and submitted between June 1, 2017 and May 31, 2018 in order to be accepted by SimplyWell for the next school year.
3. **ALL** participant information must be completed and signed by participant.
4. Information will be loaded into your SimplyWell profile within 2 business days from receipt by SimplyWell.
5. You will know your information has been received when your **HEALTH SCORE** populates on your home page. If health score status reflects pending, information has not been received or incomplete information was received.
6. If status is pending, please contact your physician to confirm it was fully completed and submitted.
7. **INCOMPLETE** information provided by your physician will not be entered and it is your responsibility to have all information completed for the wellness incentive. Please check with your physician for this information.
8. For pregnant or nursing mothers, please use biometrics and lab results which were obtained most recently prior to pregnancy.

Lab Results by Medical Provider

Information must be received by SimplyWell no later than May 31, 2018.

To be completed by PARTICIPANT

Please print legibly and complete the following.

Participant Name: _____ Company: Millard Public Schools

Participant Date of Birth: ___/___/___ Gender (circle one): M / F

SimplyWell Participant ID: _____

Phone Number: _____ Email address: _____

**I have read the instructions for submission and understand it is my responsibility to make sure all information is provided to qualify for my company's wellness incentive.

Participant signature: _____

To be completed by PHYSICIAN/PROVIDER

Provider Name: (print clearly) _____ Phone: _____

Provider Address: _____

**Provider Signature(REQUIRED TO ACCEPT & UPLOAD RESULTS): _____

Date of Lab Results: ___ / ___ / ___

POST LAB/BIOMETRIC RESULTS-Required Incomplete information will not be entered by SimplyWell.

Height _____

Weight _____

Blood Pressure _____

Fasting Glucose _____

HDL _____

LDL _____

Triglycerides _____

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between

June 1, 2017

and

May 31, 2018

in order to be accepted by SimplyWell for
the next school year.

PHYSICIANS / PROVIDER PLEASE EMAIL, FAX OR MAIL THIS COMPLETED FORM TO:

SimplyWell Account Manager – **Missy Cronstrom**

EMAIL: forms@simplywell.com

FAX: 1.402.552.3355

MAIL: 9140 West Dodge Road Ste. 408, Omaha, NE 68114

Questions: 1-877-991-9355 OR info@simplywell.com

