

# How to register for My.QuestForHealth.com to access the Physician Results Form

1

- Go to My.Questforhealth.com
- If you are a first time user, click “Register Now” where the arrow is indicating in the image below.
- Or, if you are a returning user, log in with the username and password you established previously.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Health & Wellness



 [Contact Us](#)

## It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks and where to focus, so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with insights that can help you improve your health, so begin your quest for better health today.

### Sign In

Username

Password

Login

[Forgot Your Password?](#)  
[Forgot Your Username?](#)

### Sign Up Now

You will need a registration key to complete your wellness registration.

Register Now



- 2
  - Enter registration key "**NJWELL**" and click continue.
  - Contact Quest Diagnostics at 855-623-9355 if you need assistance.

## It's Good to Know

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### Enter Registration Key

REGISTRATION KEY

NJWELL

Continue

Already have an account [Sign In Now](#).

STEP

1

2

3

Your Registration Key is located in a communication from your company.

- 3 • Confirm your eligibility by entering your First Name, Last Name, Date of Birth, and Member ID. Your member ID should be listed on your insurance ID card. Please note the directions at the top of the page for which letters of your member ID to omit.
- If an error is returned, please ensure you entered your full name that was used when you enrolled for health benefits coverage.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

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## Confirm Eligibility



### Eligibility Verification

Please enter your First Name, Last Name, Date of Birth, and Member ID. Member ID should be listed on your insurance ID card. Aetna: W12345678 (Add “S” with no space if you are listed as a spouse) Horizon: 3HZN12345678 (Do not include “NJX” prior to “3HZN12345678”)

FIRST NAME

LAST NAME

DATE OF BIRTH

MEMBER ID

### Create Your Account

USERNAME

PASSWORD

CONFIRM PASSWORD

I accept the [terms and conditions](#) for the Quest Health & Wellness Services site.

To complete step 3 of the registration process:

4

- Verify or complete all of the information under Personal Information
  - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify or complete all of the information under Mailing Address
- Click the green Register button
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



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## Enter Your Information

STEP   **3**

### Personal Information

FIRST NAME	LAST NAME	DATE OF BIRTH
test44	stateofnj	07/28/1970
GENDER	PHONE	EMAIL ADDRESS
Male ▾	9134541311	fake@fake.com

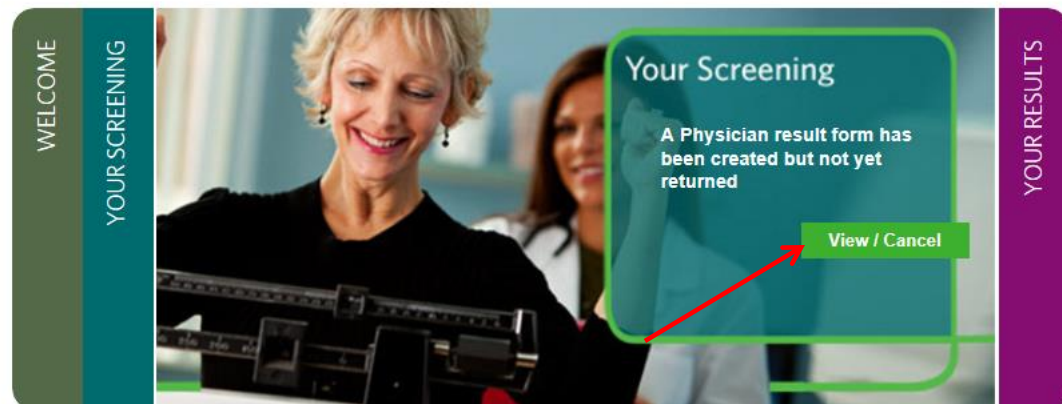
### Mailing Address

ADDRESS(LINE1)	ADDRESS(LINE2)		
1203 Main St			
CITY	STATE	POSTAL CODE	COUNTRY CODE
Wood Dale	Illinois ▾	60191	United States ▾

< Back

Register

- 5
- From the welcome page, select the box labeled “Your Screening”.
  - Once on the “Your Screening” page, select the View/Cancel button.
  - Contact Quest Diagnostics at 855-623-9355 if you need assistance.



- 6**
- Select the “Download Your Form” button to access the Physician Results Form.
  - Contact Quest Diagnostics at 855-623-9355 if you need assistance.



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My Account    Contact Us    Logout

## Confirmation

Thank You Test1 Test1! Your wellness screening form is ready to download and take to your Healthcare Provider.

### Physician Results Form [Cancel](#)

Test(s) must be completed on or before:  
Tuesday, Oct 31, 2017

Physician Results Form Must be Returned by:  
Tuesday, Oct 31, 2017



[Download Your Form](#)

### Prepare for Your Appointment

Thank you for selecting the Physician Results Form option. Please download and print the form below and take to your health care provider for completion. Fax the completed form to 877-625-2250 on or by 10/31/17.

### Next Steps For You

1. Return Physician Results Form
2. Fax your completed form to 844.560.5221 or [upload your completed form directly.](#)

### Helpful Appointment Information

For questions, contact the Health & Wellness Service Center: 1.855.623.9355

7

- Print out the Physician Results Form and bring it your appointment to have it completed by the doctor.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



**Physician Results Form Instructions**

The Health Care Provider Form option is provided by NJWELL in partnership with Quest Diagnostics.

To complete your NJWELL Biometric Health Screening, provide the Physician Results Form to your doctor. Your doctor must complete the Healthcare Provider section, including all results, Signature, and Date Test(s) Performed . The UPIN/NPI is a unique number that identifies your doctor's office; your doctor will know this number. Laboratory results must be collected between 11/1/16 and 10/31/17 to be accepted.

If you have already completed your annual preventive care visit including lab work, your doctor's office may have this data on file and can transfer it to this form. If not, schedule your visit now. Members may be responsible for costs relating to this doctor visit, including charges for completing the form.

Once your form has been received and validated to be complete, you will receive a confirmation email within 72 hours. If you do not receive an email within 72 hours, please review your form to ensure it was completed in full and resubmit. If you have questions, please contact the Quest Health & Wellness Service Center at 855-623-9355.



9856 0AEO 2000 4470



**Physician Results Form**

Completed form must be faxed to 844-560-5221.  
Forms must be received by 10/31/17

**REQUIRED** ALL FIELDS ARE REQUIRED unless otherwise noted with (\*). Your form will be rejected if all fields are not completed. If you have not completed these tests with your Healthcare Provider, they will need to be completed before this form is submitted. Complete in BLACK INK for best results.

Company Name	STATE OF NJ HEALTH BENEFITS	Contract Name	NJWELL 2017
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You need to fill this section out. ! Complete this section before you see your Healthcare Provider.

Last Name	TEST1	First Name	TEST1	MI	
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Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	TEST1TEST1010119903HZN12345678
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Email Address	TEST1@QUESTDIAGNOSTICS.COM	Phone Number	5555555555
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Address	555 HAGGERTY
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City	NOVI	State	MI	Zip Code	48331
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Participant Signature		Date of Birth	01/01/1990
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This section must be completed by your Healthcare Provider. ! The information provided below will be kept confidential.

Date Test(s) Performed	MM-DD-YY	Testing and Measurements Must be Collected Between	11/01/2016	10/31/2017
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Height (feet)	Height (Inches)	Weight (lbs)	Systolic BP	Diastolic BP
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HDL	Total Cholesterol
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Glucose (mg/dL)	Fasting >8 Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Healthcare Provider (Printed)	UPIN/NPI
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Healthcare Provider (Signature)
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7

- Once the form is completed, return to the confirmation page and upload a scanned version of your form, or fax it to 844.560.5221.
- To upload the form, click the link labeled “upload your completed form directly”, then select the “Browse” button to locate the scanned copy of the form you have saved on your computer. IN ADDITION, manually enter your screening results into the boxes provided.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



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## Confirmation

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2. Fax your completed form to 844.560.5221 or [upload your completed form directly](#).

Verify the Information on Your Form
✕

Scan your Physician Results Form and upload the file here.

Browse
Select File. (.jpg, .png, .gif or .pdf files only)

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Enter Your Results

Be aware that if you don't have a result for a required field below, your results cannot be processed. You will have to contact your physician to get the missing information.

HEIGHT (ft)	(in)	WEIGHT (lbs)	SYSTOLIC BP	DIASTOLIC BP
<input type="text" value="ft"/>	<input type="text" value="in"/>	<input type="text" value="lbs"/>	<input type="text"/>	<input type="text"/>
HDL	TOTAL CHOL			
<input type="text"/>	<input type="text"/>			
GLUCOSE	Fasting > 9 Hours			
<input type="text" value="mg/dL"/>	<input style="border: 1px solid #ccc;" type="text" value="Unknown"/>			
Date Test(s) Performed	Healthcare Provider	UPIN/NPI		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

You have signed your form.

Your physician has signed the form. (if not your results will be rejected)

Submit