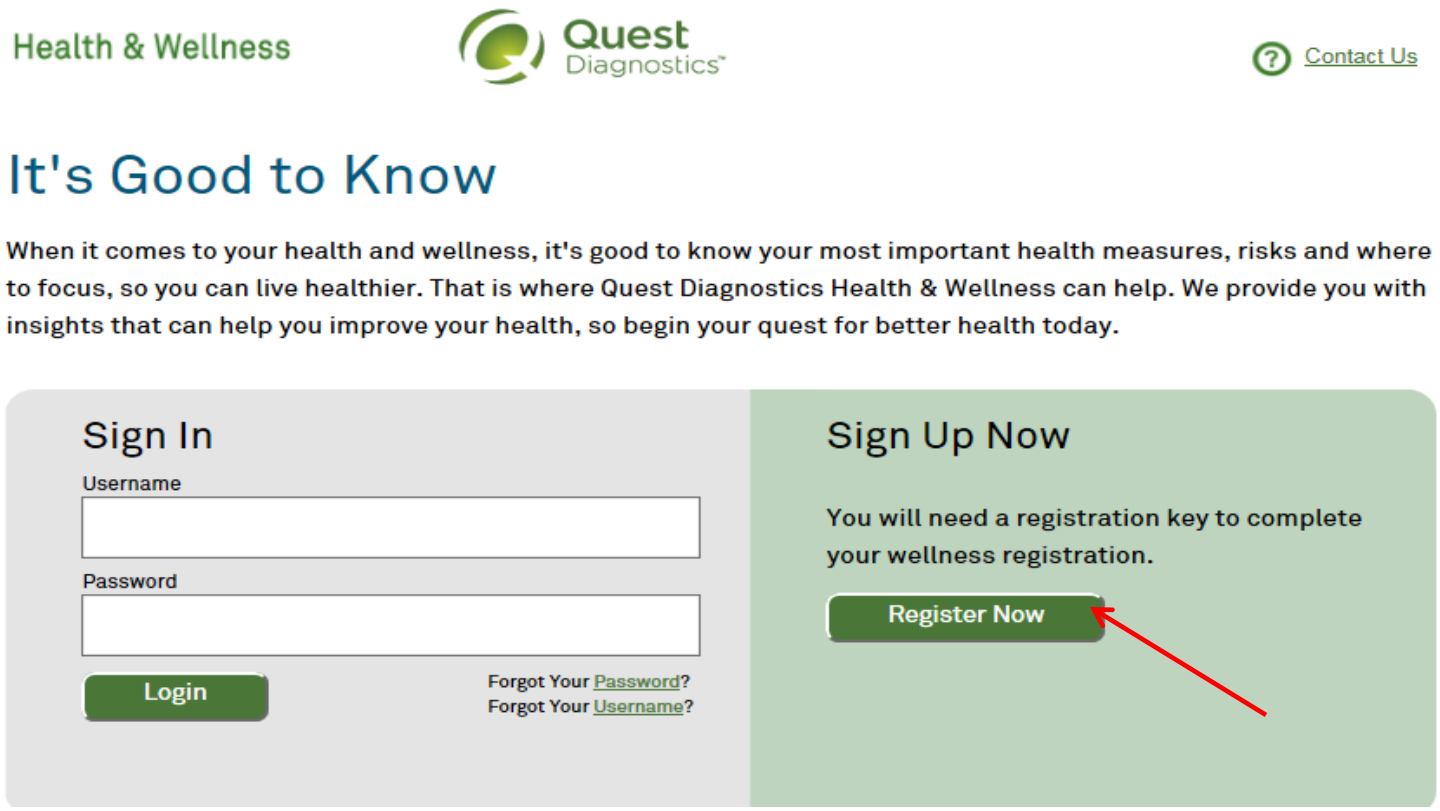
How to register for My.QuestForHealth.com to access the Physician Results Form

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.



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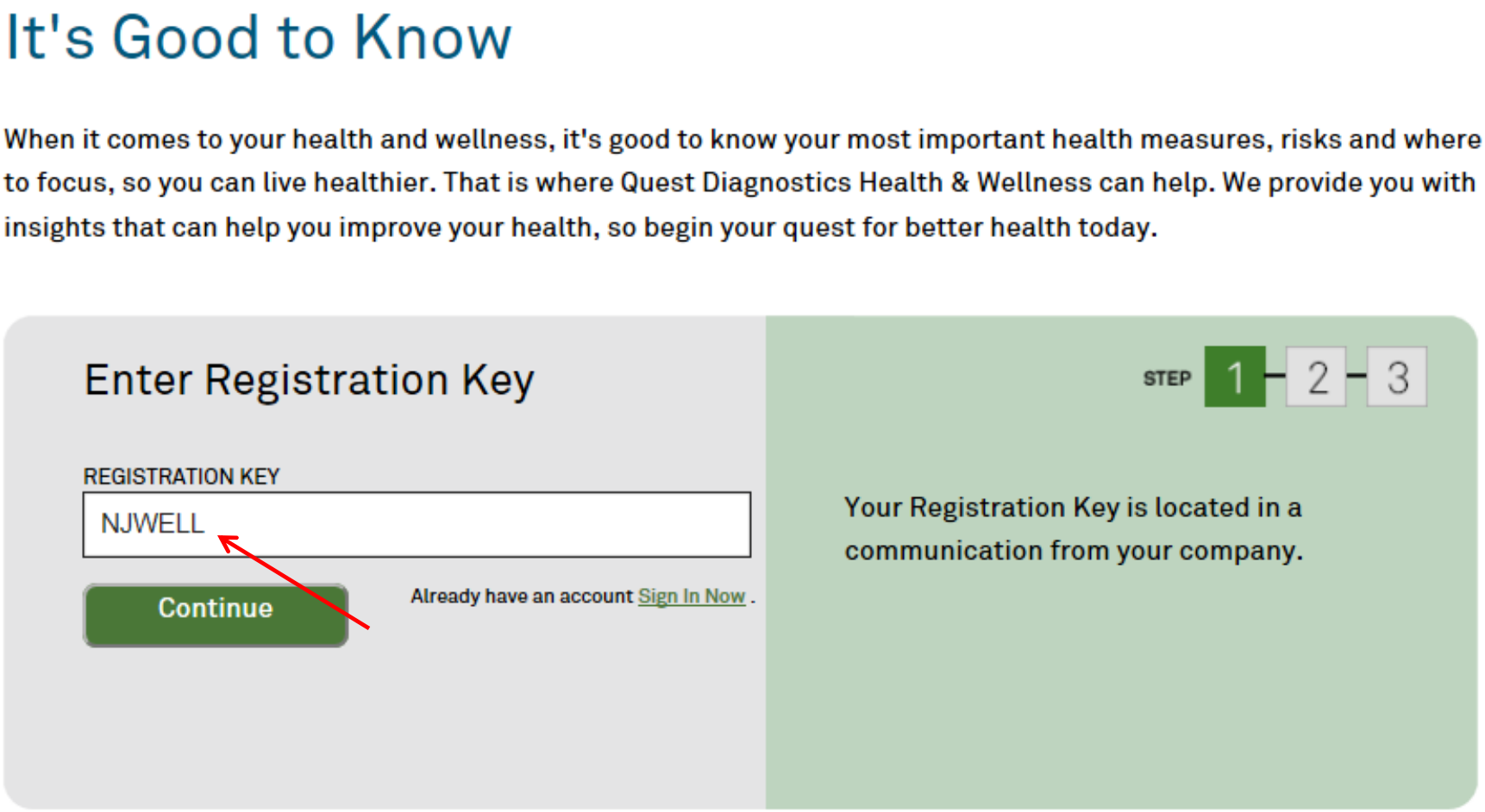
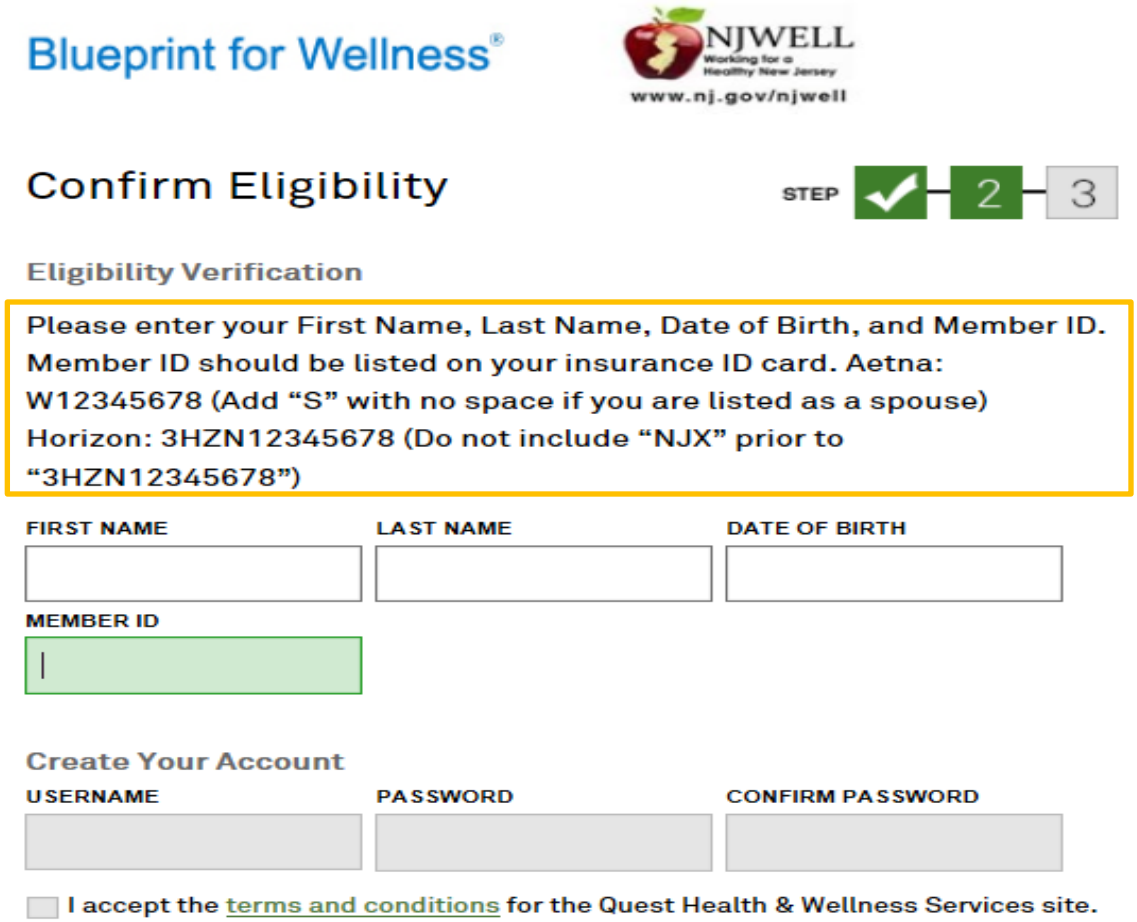
2

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



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.



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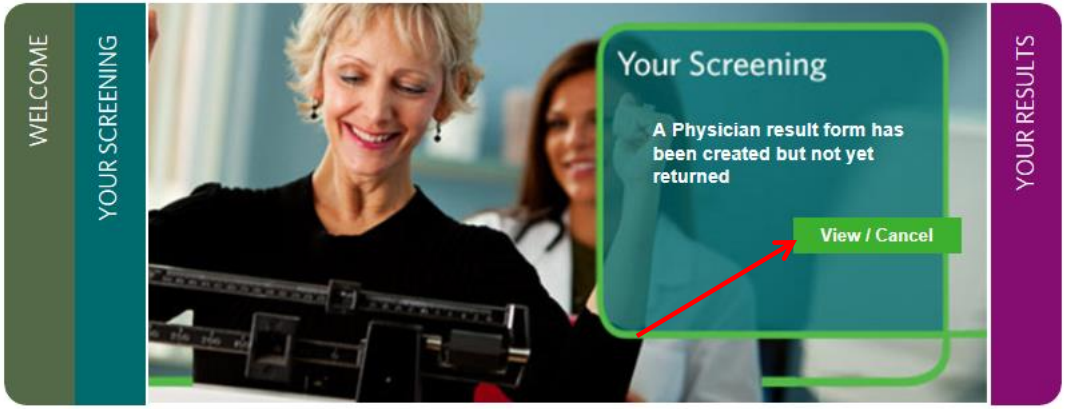
- From the welcome page, select the box labeled “Your Screening”.
- Once on the “Your Screening” page, select the View/Cancel button.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



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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- 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.

Quest Diagnostics

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 0AE0 2000 4470

Quest Diagnostics

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

You need to fill this section out. ! Complete this section before you see your Healthcare Provider.

Last Name	TEST1	First Name	TEST1	MI
Gender	■ Female ☐ Male	TEST1TEST1010119903HZN12345678		
Email Address	TEST1@QUESTDIAGNOSTICS.COM	Phone Number	5555555555	
Address	555 HAGGERTY			
City	NOVI	State	MI	Zip Code 48331
Participant Signature		Date of Birth	01/01/1990	

FOR LAB USE ONLY 9856 0AE0 2000 4470

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
Height (feet)		Height (Inches)	Weight (lbs)	Systolic BP / Diastolic BP
		HDL	Total Chol	
Glucose (mg/dL)		Fasting >9 Hours	☐ Yes ☐ No	

Healthcare Provider (Printed)		UPIN/ NPI	
Healthcare Provider (Signature)			

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- 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.

Quest Diagnostics™ Blueprint for Wellness®

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www.nj.gov/njwell

Confirmation

Thank You Test1 Test1! Your wellness screening form is ready to download and take to your Healthca

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.