

2020 Wellness Verification Form / Physician Form

10670 N. Central Expwy., Suite 700, Dallas, TX 75231 • 214-827-4400 • simplywell.com

To Participant

Please provide this form to your medical provider to document completion of your wellness labs, annual physical, and preventive screenings. All items must be completed between November 1, 2019 and October 31, 2020 to receive premium discounts for 2021. **It is the responsibility of the employee to submit this completed form to SimplyWell on or before the October 31, 2020 deadline to receive premium incentives for 2021.**

Select one of the options below to submit your completed Wellness Verification Form. Once received by SimplyWell, allow 20 days for your wellness portal to update.

1. **UPLOAD:** Take a photo of the form or scan and save the form in your electronic files. Log into SimplyWell; select “Profile” and “Form Upload.” Select “Physician Form” and “Attach File.”
2. **FAX:** (855) 292-8662
3. **MAIL:** Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231

To Licensed Medical Professional

The Arthrex Wellness Program offered through SimplyWell is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning. Employees have the option of completing a physical, specific labs, and preventive screenings outlined on the attached form to earn their incentives. For more information on the incentive program, please email wellness@arthrex.com.



www.arthrexmedicalcenter.com

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ALL FIELDS BELOW ARE REQUIRED.

Participant Name:	Participant Employer:	Participant Date of Birth:
Participant Phone Number:		Today's Date:

Wellness Labs and Biometrics

ALL FIELDS REQUIRED FOR INCENTIVE

Test Parameter	Value
Total Cholesterol	mg/dL
HDL Cholesterol	mg/dL
LDL Cholesterol	mg/dL
Triglycerides	mg/dL
Systolic Blood Pressure (Rest)	mmHg
Diastolic Blood Pressure (Rest)	mmHg
Height	in
Weight	lbs
Hemoglobin A1c*	
Fasting	Yes / No
Nicotine Testing*	Positive / Negative
Wellness Lab Test Date	

*Incentive alternatives must be completed by employee for hemoglobin A1c greater than 7.0 and/or nicotine positive.

Preventive Care Exams

Exam	Date of Exam (DD/MM/YYYY)
Annual Physical	
Colonoscopy (Every 10 years, ages 50-75 to earn incentive)	
Female Only	
Pap Test (Every 3 years, ages 21-65 to receive incentive credit)	
Mammogram (Every 2 years, ages 40-74 to receive incentive credit)	

It is the responsibility of the Arthrex employee to submit the completed form to SimplyWell by fax (855.292.8662), electronic upload (connect simplywell.com) or via mail (Screening Services Dept., 10670 N. Central Expwy., Suite 250, Dallas, TX 75231). Please allow 20 business days for your SimplyWell portal to be updated with results once the completed form is received by SimplyWell. Completed form must be successfully submitted by the employee on or before October 31, 2020 to receive incentive credit.

Licensed Medical Professional Name:	Phone Number:	
Address:	City:	State:
Licensed Medical Professional Signature:	License Number:	



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