

Participants – PLEASE READ!!

Directions for completing form.

- 1. Read all directions before taking to your physician.**
- 2. Labs MUST be completed and submitted between January 1, 2012 and March 31, 2012 in order to be accepted by SimplyWell for your 2012 health data and to be eligible for the \$200 health screening incentive.**
- 3. ALL participant information must be completed and signed by participant.**
- 4. Information will be loaded into the participant's personal wellness page within 5–7 business days from receipt by SimplyWell.**
- 5. Participants will know their information has been received when their HEALTH SCORE populates on their 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 the participant's 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 March 31, 2012.

To be completed by PARTICIPANT

Please print legibly and complete the following.

Participant Name: _____ Company: First Data

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

SimplyWell Participant ID: _____ (Employee= FD plus employee 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.

Blood Pressure _____
Height _____
Weight _____
HDL _____
LDL _____
Triglycerides _____
Fasting Glucose _____

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January 1, 2012
and
March 31, 2012
in order to be accepted by SimplyWell for your 2012 health data.

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

SimplyWell Account Manager – Elise McHatton

emchatton@nebraskamed.com

or

4242 Farnam Street Ste. 270, Omaha, NE 68131

Questions: 1-877-991-9355 (option 0) OR info@simplywell.com

