



Complete this form using results from your most recent health care provider visit to earn credit for the 2025 Well Wisconsin Program. <u>The form must be submitted by October 17, 2025.</u> For the Health Check, you may choose to complete an on-site biometric screening, self-collection materials, coaching session, or dental cleaning instead of submitting this form. Log onto webmdhealth.com/wellwisconsin to learn more.

Step 1: Enter your name and date of birth.

Step 2: Enter the screening values from your most recent health care provider visit.

Step 3: Review the consent language, sign, and date.

Required values include

- Height
- · Weight
- Blood Pressure

Additional values:

Depending on your age and risk factors, you may be eligible to receive glucose and cholesterol screenings as a no-cost preventive service. Before having these labs completed, check with your health care provider and health insurer.

Out-of-pocket costs:

Be aware that you will be responsible for copayments, deductibles and/or coinsurance if screening tests are not done for preventive reasons, or if other health issues are discussed during your visit.

Step 4: Submit the form by 10/17/2025

- Securely upload it electronically at: www.totalwellnesshealth.com/gravity-landing/wellwi/
- Fax at: 402-218-4378
- Mail it to: TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127

Questions?

Contact WebMD Customer Support at 1-800-821-6591 or

Log on to webmdhealth.com/wellwisconsin and click Contact Us at the bottom of the screen

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Health Care Provider Form – Well Wisconsin Program

Instructions:

Complete Steps 1-4 on this form to verify that you are current on your preventive healthcare.

Submit this form by **October 17, 2025**. Print clearly.

Step 1: Please note this information must match your health insurance enrollment data																														
First Name:															Last Name:															
Date	e of	Birth): (mn	n/dd/y	vvv)							-																		
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Ema	Email: (Required to provide confirmation of form receipt.)													1			1					1	1	1	—			1	1	
Did you fast for at least 9 hours before your lab work or screening? (No food. Only water permitted.) O Yes O No																														
Are	Are you pregnant?														○ Yes ○ No ○ N/A															
Ste	p 2: (Com	plete	9																										
Date of Screening: (mm/dd/yyyy)											REQUIRED Blood Pressure:							REQUIRED						REQUIRED Weight:				Waist:		
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is used by WebMD to provide wellness program services to me, which includes using the Personal Information to inform me of relevant health related and health education programs offere by WebMD or by another service contractor. In the event that WebMD's services are transitioned to another service provider, WebMD may deliver my Personal Information to the successor provider to maintain a continuity of services for me. In order to distribute any incentives, WebMD may provide my name/unique ID to my employer or its designated representative to notif																														
them of the fact that I am eligible for the incentive. In addition to any Personal Information disclosed as set forth above, aggregate, de-identified survey results may be made available to m														to my																
employer for program administration purposes. WebMD may also use my Personal Information as part of group statistical research and analysis, in a manner that does not identify me. I als understand that my Personal Information may be incorporated into my Health Assessment results by WebMD. Except for these types of usage and the uses specified in my WebMD Onlin														Online																
terms of use and Privacy Policy, available under the "Policies" link at the bottom of the following URL (webMbelth.com/wellwisconsin), my Personal Information will not be disclosed b WebMD. WebMD understands that Personal Information may be considered protected health information that is subject to the privacy and security rules of the Health Insurance Portabilit																														
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Step 4: Submit Form by 10/17/2025 Participants may fax this form to 402-218-4378, mail it to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127 or securely upload it electronically at <u>totalwellnesshealth.com/gravity-landing/wellwi/</u>. If you enter your email address, you will receive verification that your form has been received within two business days.

WIHCPF25

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