

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

- Go to My.Questforhealth.com
- YOU MUST REGISTER AS A NEW USER FOR THIS YEAR'S PROGRAM.
- Click "Register Now" where the arrow is indicating in the image below.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Health & Wellness





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.

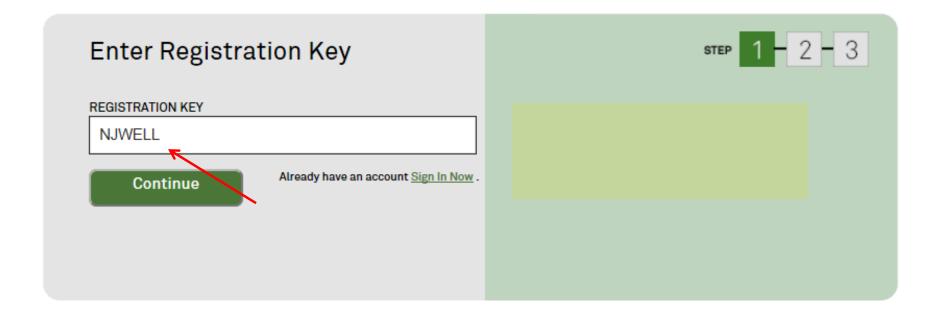
Sign In	Sign Up Now
Username Password	You will need a registration key to complete your wellness registration. Register Now
Login Forgot Your Password? Forgot Your Username?	



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

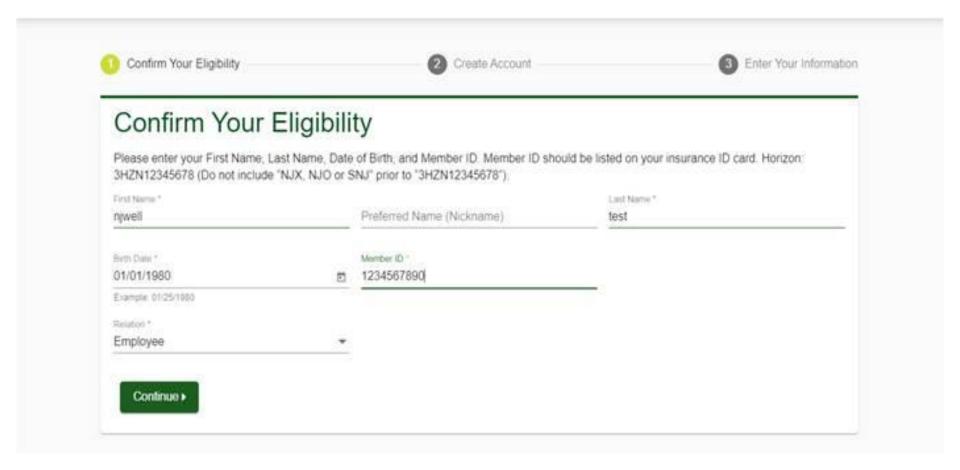
It's Good to Know

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.





- Confirm your eligibility by entering your First Name, Last Name, Date of Birth, and Member ID. Your member ID is listed on your insurance ID card. Please do no include the letters before *3HZN*.
- If an error is returned, please ensure you are using the correct member ID number and have entered your full name that was used when you enrolled for health benefits coverage. If you are a returning user but have a different member ID number, you must register again using your current ID number and full name.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



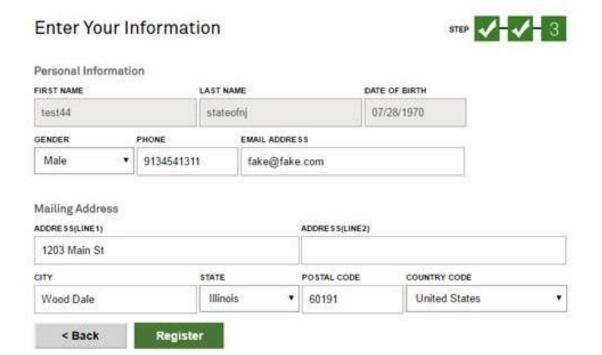


To complete step 3 of the registration process:

- 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.



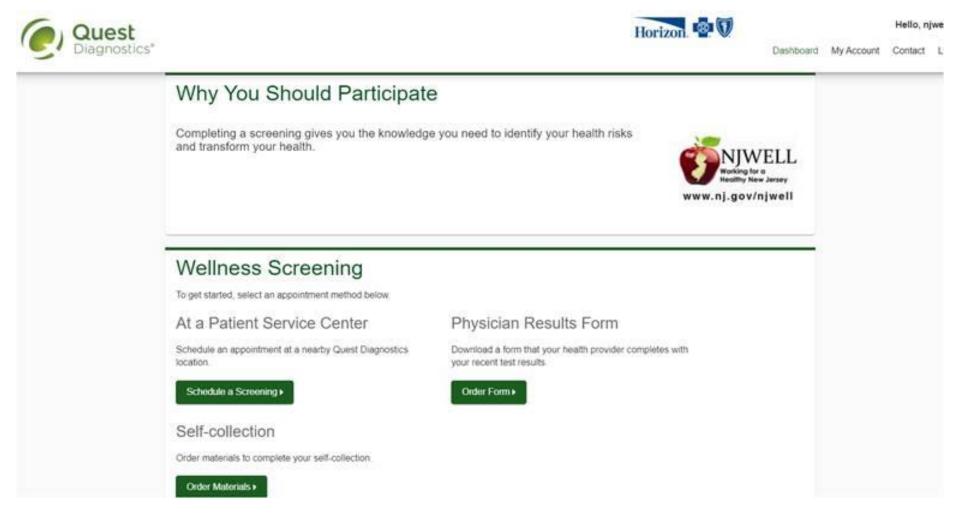




Wellness Screening Options



- Select the option of your choice to complete "Your Screening" by clicking on the Green box.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.





Patient Service Center Option

- Follow the instructions on the screen if you chose the Patient Service Center Option
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



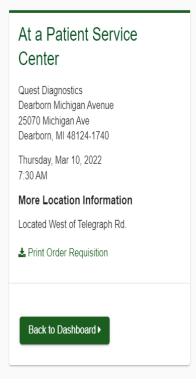


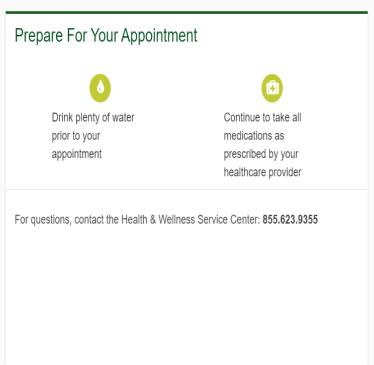
Hello, njwell test

Dashboard My Account Contact Log Off

Thank you, njwell

Your wellness screening has been scheduled at the below Patient Service Center.

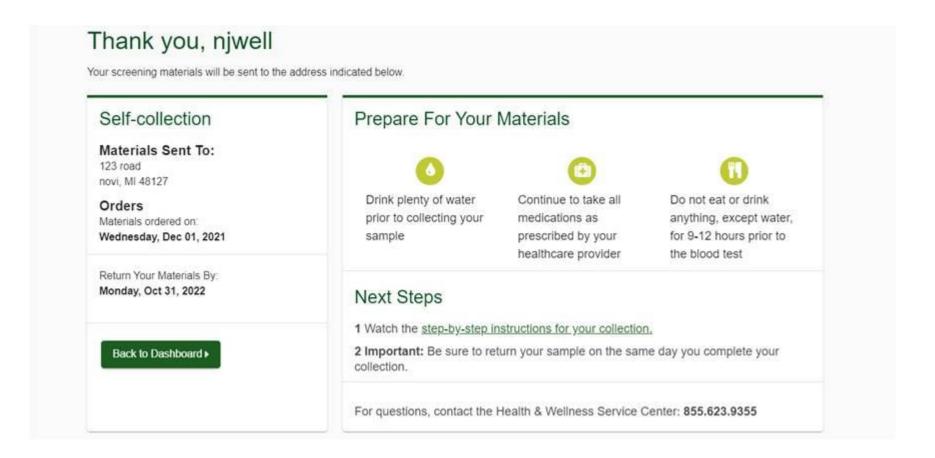






Home Test Kit Option

- Your home test kit will be sent to the address you provided and should be returned by the date on the confirmation page.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



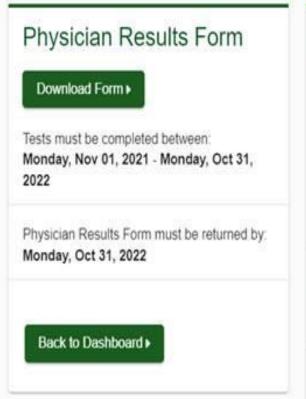
Physician Fax Form Option

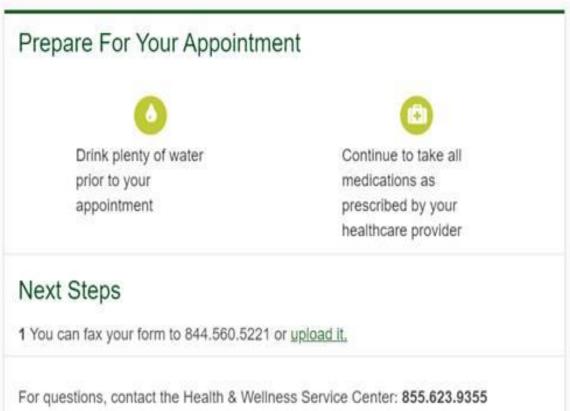


- Select the "Download Your Form" button to access the Physician Results Form.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Thank you, njwell

Your wellness screening has been created as a Physician Results Form, download it below.





Physician Fax Form Option



- Print out the Physician Results Form and bring it your physician's office 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 November 1 & October 31st 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.



Physician Fax Form Option



- 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.



Blueprint for Wellness®



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:

October 31st

Physician Results Form Must be Returned by:

October 31st



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 844-560-5221 by 10/31

Next Steps For You

- 1. Return Physician Results Form
- 2. Fax your completed form to 844.560.5221 or upload your completed form directly.

Browse	Select File. (.jpg, .png, .gif or .pdf files only)
Enter Your	Results
results cann	at if you don't have a result for a required field below, y ot be processed. You will have to contact your physician ing information.
HEIGHT (ft)	(in) WEIGHT (lbs) SYSTOLIC BP DIASTOLIC BP
HDL	TOTAL CHOL
GLUCOSE	Fasting > 9 Hours
mg/dL	Unknown
Date Test(s) Perf	ormed Healthcare Provider UPIN/NPI
☐ You have s	signed your form.
Your physi	cian has signed the form. (if not your results will be reject