



# Process Overview

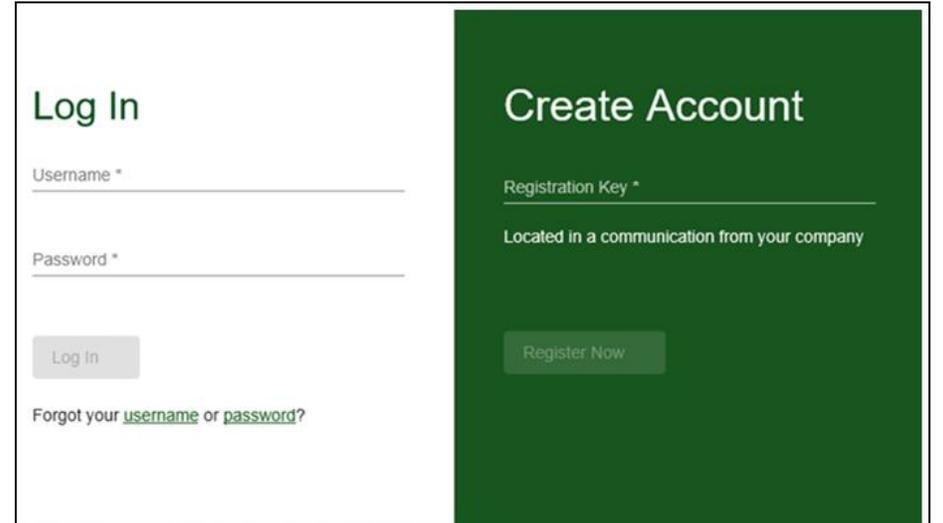
**The Physician Fax Results Form allows ICUBA Medical Plan and covered spouses to earn credit for biometrics in Rally by completing it as a part of their annual wellness visit with their primary care provider. Screenings will include total cholesterol, HDL/LDL, triglycerides, blood sugar, blood pressure, and A1c.**

- Credit for the incentive will only be earned through successful completion and submission of the required Physician Fax Results Form.
- First step is to login and download the form. This form is generated with a unique barcode and is personalized to each individual and cannot be shared; even amongst spouses.
- To be most effective, the member will want to download the form and take it with them to their annual physical, and/or proactively request the annual blood work in preparation for their appointment.
- The form must be completed and signed by the member and the PCP; then returned to Quest by Fax or uploaded to the Quest website by no later than 03/31/2021.
- Employees are encouraged to request a copy for their records, and upload/fax the form to Quest on their own.
- Members should give at least 30 days after the form is uploaded/faxed to see credit in Rally.

# Logging In

Visit <https://my.questforhealth.com/> and login to your Quest account

- If you've already established an account, use the Log In area to enter your username and password and select the Log In button. If you've forgotten your login information, use the forgot username or password link.
- If you've never registered on the site to establish an account, use the Create Account area, enter the registration key, and select the Register Now button.
- Registration Key: ICUBA



The screenshot displays two side-by-side panels. The left panel, titled "Log In", features a white background with a "Username \*" field, a "Password \*" field, a "Log In" button, and a link for "Forgot your [username](#) or [password](#)?". The right panel, titled "Create Account", has a dark green background with a "Registration Key \*" field, a note "Located in a communication from your company", and a "Register Now" button.

# Order the Form

## Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



## Wellness Screening

To get started, select an appointment method below.

### At a Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

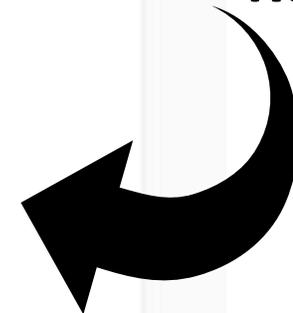
[Schedule a Screening ▶](#)

### Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

From the dashboard, click “Order Form” under Physician Results Form



# Download the Form

Once the Wellness Screening option is created, click “Download Form” and take this form with you to your doctor when routine blood work is completed

## Physician Results Form

[Download Form ▶](#)

Tests must be completed between:  
**Wednesday, Apr 01, 2020 - Wednesday, Mar 31, 2021**

Physician Results Form must be returned by:  
**Wednesday, Mar 31, 2021**

[Back to Dashboard ▶](#)

## Prepare For Your Appointment



Drink plenty of water  
prior to your  
appointment



Continue to take all  
medications as  
prescribed by your  
healthcare provider



Do not eat or drink  
anything, except water,  
for 9-12 hours prior to  
the blood test

## Next Steps

1 You can fax your form to 844.560.5221 or [upload it](#).

For questions, contact the Health & Wellness Service Center: **855.623.9355**

# Your Section

Your signature and confirmation are required for the data on the top half of the form

Company Name	ICUBA	Contract Name	ICUBA 2020
You need to fill this section out.		! Complete this section before you see your healthcare provider.	
Last Name		First Name	MI <input type="text"/>
Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
Email Address			Phone Number
Address			
City		State	Zip Code
By signing this requisition form and receiving these services, I acknowledge and agree to the Terms of Service which have been provided to me by Quest Diagnostics.			
Participant Signature			Date of Birth

# Your Doctor's Section

Your physician will need to fill out the screening results on the bottom half of the form and sign it. The fax number for physician to submit is included on the form.

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	04/01/2020	03/31/2021					
Height (feet) *		Height (inches) *		Weight (lbs) *		Systolic BP *		Diastolic BP *	
Trigs (mg/dL) *		HDL *		Total Chol *		LDL *			
Glucose (mg/dL) *		Fasting >9 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No		HgbA1c (%) *					
Waist Circumference (inches) *									
Healthcare Provider (Printed)						UPIN/ NPI			
Healthcare Provider (Signature)									

Keep a copy of the form for your records!

# Additional Information

If you lose the form, you can login to your account at <https://my.questforhealth.com/> account and download a copy of the form under the “Scheduled” section

- If your provider has not submitted your form:
  - Upload your completed form by clicking on the “Upload Form” button
  - Or fax a completed copy to 844-560-5221.

## Scheduled

### Physician Results Form

You have downloaded your form. You can fax it in or upload it to the right. You can also [download your form here](#).



Upload Form ▶

Cancel ▶

? [Need More information?](#)

# Thank You

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