



Healthier Employees. Healthier Results.

LabCorp Instructions

2019

Before you go:
Fill in your name,
sex, & DOB on
the LabCorp
Voucher

Bring this form with you

Other fields will be
completed by LabCorp Staff

LabCorp
Laboratory Corporation of America

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677)

YourCompany c/o Health Designs
LABCORP WELLNESS VERIFIED
35 Executive Way
PONTE VEDRA BEACH FL 32082
866-827-8046

0702.14

Fax
 Call
 Mail

WELLNESS-ENTER ONLY THE ACCOUNT NUMBER CIRCLED
LABCORP ACCOUNT NUMBER 0132456

CIRCLE ONE:
1003837659-GRABLE S

CHECK ONE:
02 [X] ACCOUNT BILL

REQUIRED

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
* Medicaid State	Physician's Provider #
	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PRINT

TRAVEL LOG ID

PST HRS DATE LOG

PLEASE PRINT

ORIGINAL LABORATORY / COPY CLIENT

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT LISTED ABOVE AND THE CUSTOMER'S PROFILE YOU HAVE SPECIFICALLY REQUESTED FROM LABCORP. THE MEDICARE COMPONENTS HAVE BEEN EXCLUDED TO FILL AND THEY MAY ALSO BE ORDERED SEPARATELY IN THE SPACE ABOVE. COMPONENTS AND BILLING CODES FOR NON-CUSTOMER'S TEST PROFILES ARE LISTED ON REVERSE. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES.

Find a Location Near You

Go to www.LabCorp.com

Enter your address or zip code

Select “*Employee Wellness with Body Measurement*” as service type

LabCorp

Account Login

BILL PAY LABS & APPOINTMENTS RESULTS TEST MENU PROV

The World's Leading Health Care Diagnostics Company

Labs & Appointments

Note: All fields are required

Locate Me Enter address or zip code Employee wellness with Go

Need more options?

Choose a Location
and Click
“Appointments”

Labs & Appointments - Search Results

Use the search below to find labs close to you. From there, you can find hours of operation and schedule an appointment. Appointments must be made at least two hours in advance. Walk-ins are also welcome.

New Search Print Modify Appointment Cancel Appointment

The screenshot displays search results for labs and appointments. It includes a navigation bar with buttons for 'New Search', 'Print', 'Modify Appointment', and 'Cancel Appointment'. Below this, two lab listings are shown:

- 1121 BEACH BLVD**
JACKSONVILLE BEACH, FL 32250
M-F 6:30A-2:30P
Distance: 13 mi
- 9143 PHILIPS HWY STE 495**
JACKSONVILLE, FL 32256
M-FR 7:00A-4:00P SAT 7:00A-12:00P
Distance: 14 mi

Each listing has a menu with options: 'Appointments', 'Rate', and 'More'. A map on the right shows the location of the labs with numbered markers (1-9). A red arrow points to the 'Appointments' button for the first lab.

Click “*Choose Date and Time*” and select what fits your schedule best

Schedule an Appointment

Location Details

Location
1121 Beach Blvd.
Jacksonville, FL 32250
(904) 241-6214

Service

Employee Wellness with Body Measurement

Will you be fasting?

Yes

No

Appointment Details

Choose Date and Time



Appointment Details

Choose Date and Time

< July >

MON	TUE	WED	THU	FRI	SAT	SUN
8	9	10	11	12	13	14

7:30 am

8:30 am

8:45 am

9:00 am

9:15 am

Cancel Select

Fill in Required Fields

When completed, click
"NEXT"

Personal Information

First Name

Jane

Middle Name (optional)

Last Name

Smith

Sex

Female

Male

Date of Birth

07 / 11 / 1995

MM DD YYYY

Street Address

35 Executive Way

Apt, Ste, or Floor (optional)

City

Ponte Vedra Beach

State

FL - Florida

Zip

32082

NEXT

Select “My employer or another company is responsible for this visit”

When completed, click
“NEXT”

Financial Details

How will this visit be covered?

- I'm using primary health coverage only.
This includes Private Insurance, Medicare, Medicaid and Military.
- I'm using primary and secondary/supplemental coverage.
This includes Private Insurance, Medicare, Medicaid and Military.
- My employer or another company is responsible for this visit.
This often includes drug screens and wellness visits.
- I'm paying out of pocket.
We'll discuss payment options during your visit.

NEXT

Fill in how
you would
like to be
contacted

You can pick email or phone

Click *“NEXT”*

Contact Information

We need this information in case we need to contact you regarding your health.

Email address

jane@email.com

Phone (mobile preferred)

By providing my mobile number, I authorize LabCorp to text me about services. Messaging and Data rates may apply.

NEXT

Review Your information

Once reviewed, select
“Create Appointment”

Please review your information:

Lab Selected

1121 Beach Blvd.
Jacksonville, FL 32250

Phone number
(904) 241-6214

Appointment Details

Reason for visiting
Employee Wellness with Body Measurement

Will you be fasting?
Yes

Date and Time
Thursday July 11th, 2019 at 8:30am

Patient Information

Name
Jane Smith

Gender
Female

Date of Birth
7/11/1995

Address
301 RUNAWAY CIR
PONTE VEDRA BEACH, FL 32082

Financial Responsibility

Health Coverage
My employer or another company is responsible for this visit

Contact Information

Phone
Not provided

Email
jane@email.com

Create Appointment

You're All Set!

If you need to cancel/modify your appointment, call the lab directly

Appointment Details

Name

Jane Smith

Lab Address

1121 Beach Blvd. , Jacksonville, FL 32250

Lab Phone

(904) 241-6214

Date and Time

Thursday July 11th, 2019 at 8:30am

Reason for visiting

Employee Wellness with Body Measurement

Confirmation Number

66186045

[Modify or cancel this reservation](#)

Don't Forget!

In addition to doing the biometrics offsite, you must also complete the Health Designs Health Questionnaire

Email the completed form to coaching@healthdesigns.net or fax to 904-285-2779



HEALTH QUESTIONNAIRE

www.HealthDesigns.net (904) 285-2019

This Health Questionnaire will ask you about your health lifestyle habits and is not intended to diagnose illness. The information obtained will be stored in a secure manner, consistent with HIPAA requirements.

Correct Incorrect Use blue or black pen, bubble in completely, print neatly in the text boxes.

1. Are you an employee of this company or a spouse?
 Employee Spouse
2. Gender: Male Female
3. Do you currently have or been diagnosed with (bubble in all that apply):
 High blood pressure High cholesterol Diabetes
4. Do you currently take medication for (bubble in all that apply):
 Blood pressure Cholesterol Diabetes
5. Rate your current state of health?
 Great Good Average Below Average Poor
6. Do you use any tobacco products?
Examples: Cigarettes, pipes, cigars or smokeless.
 Yes No
7. How often is too much stress a problem for you?
 Never or rarely Sometimes Often Always
8. How many days a week do you get at least 30 minutes of continuous physical activity?
 4 or more 3 1-2 Never
9. In an average week, how many alcoholic drinks do you consume?
 None 1-2 3-7 8-14 15 or more
10. During a typical day, how many servings of high-fiber foods do you eat?
Examples: 1 slice whole grain bread, 1/2 cup whole grain cereal, fresh fruit/vegetables, beans.
 0-1 2-4 5 or more
11. During a typical day, how much of what you eat is high-fat versus low-fat foods?
Examples: High-fat foods include processed foods, fatty meats, creamy foods/sauces, whole milk, and fried foods.
 Mostly high-fat About half high-fat & half low-fat Mostly low-fat
12. During a typical day, how many sugared beverages do you drink?
Examples: 8-12 oz of soda, sweet tea, sports drink, fruit drinks, or sweetened coffee.
 None 1 2-3 4 or more
13. In the next six months, are you planning to make any changes to any of the following areas (bubble in all that apply):
 Nutrition Blood Pressure
 Stress Diabetes Mgt
 Exercise Cholesterol
 Tobacco Weight
14. Have you been fasting for the past 2 hours?
Nothing to eat or drink except water and unsweetened black coffee/tea.
 Yes No
15. Is this your first time taking this assessment?
 Yes No

LAB INFORMATION				
SBP	DBP	TC	HDL	LDL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Triglycerides	RATIO	Glucose	A1C	Cotinine
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	Weight	BMI	Waist Circumference	
<input type="text"/> feet <input type="text"/> inches	<input type="text"/>	<input type="text"/>	<input type="text"/>	

First Name (Please Print Legal Name) / /

Date of Birth / /

Last Name (Please Print Legal Name)

Identifier (Internal Use Only)

53302

©Health Designs, Inc. 2017. All rights reserved.

Bubble in all 15 questions

First Name, Last Name, DOB

