



At WellQuest, we offer a broad list of basic and advanced diagnostic services, all of which are designed to meet your specific wellness needs. Our primary goal is to provide an unmatched level of quality, sophistication, responsiveness, and client satisfaction, as well as assist you in getting the most out of your insurance policy's wellness benefits!

Before your visit at WellQuest, it's imperative that you understand the scope of your wellness benefits. For assistance, we highly recommend that you visit your company's HR department, or call your insurance provider directly by using the phone number listed on your insurance card.

Because insurance benefits vary drastically from plan to plan (based on your age, gender, and health conditions), it's important to know the details of your policy beforehand. By using the attached form as a reference when talking to your company's HR department or insurance provider, you'll have all of the information that you need right at your fingertips. The form highlights the most recommended, and most common, diagnostic tests that WellQuest performs, as well as the corresponding CPT codes.

Please use this form to record the information given to you by your HR department or insurance company and bring it with you to your appointment. This will enable our staff to customize your appointment and help you get the most out of your insurance coverage.

***\*Remember, WellQuest can research your insurance benefits on a basic level, however, as the insured party, you have the ability to get the detailed information that you need for this visit. By taking this step to be proactive from the start, you can rest assured that you'll have what you need to make informed decisions about your health care.***

We look forward to working with you!

Sincerely,  
WellQuest Medical & Wellness



# Wellness Testing Authorization Form

Today's Date: \_\_\_\_\_

## Client / Company Information

Client Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

☐ Mr. ☐ Miss. ☐ Mrs. ☐ Ms. Sex: ☐ M ☐ F DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

## Client / Family Medical History

Your medical history, as well as your family's medical history, can play a major role in deciding what amount of wellness services that your insurance policy will cover. Policies differ from company to company, as well as person to person inside of the same company. In order for WellQuest to maximize your wellness benefits, please complete the medical history portion below.

Have you, **or your immediate family (mom, dad, siblings)**, ever had a history of the following?

- |  |                                    |  |   |
|--|------------------------------------|--|---|
| <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Kidney Stones        |
| <input type="checkbox"/> Heart Disease / Blockages | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Anemia              | <input type="checkbox"/> Heartburn            |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Ulcers    | <input type="checkbox"/> HIV                 | <input type="checkbox"/> Migraines            |
| <input type="checkbox"/> Heart Attack              | <input type="checkbox"/> Cancer    | <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Chronic Back Pain    |
| <input type="checkbox"/> Heart Murmur              | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Low Thyroid         | <input type="checkbox"/> Lupus                |
| <input type="checkbox"/> Irregular Heartbeat       | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Depression / Anxiety |

Do you smoke or use tobacco? ☐ Y ☐ N

Please list any other diseases or conditions: \_\_\_\_\_

## Tests Covered By Your Company's Preventative Benefits *(To be completed by your HR Department)*

These tests should be identified if they are **PAID** by your company's preventative benefits.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 80061 - Cholesterol Screening        | <input type="checkbox"/> 83036 - Fasting Glucose       | <input type="checkbox"/> 81002 - Urinalysis |
| <input type="checkbox"/> 93000 - EKG Testing                  | <input type="checkbox"/> 84443 - Thyroid Screening     | <input type="checkbox"/> 88142 - PAP Smear  |
| <input type="checkbox"/> 71020 - Chest X-Ray                  | <input type="checkbox"/> 80053 - Basic Metabolic Panel | <input type="checkbox"/> Immunizations      |
| <input type="checkbox"/> 84135 - PSA (Prostate Cancer Screen) | <input type="checkbox"/> 85025 - Complete Blood Count  |   |

The tests identified above are covered at \_\_\_\_\_ % or up to \$ \_\_\_\_\_ .

## Company & Patient Acknowledgement

This form assures the patient listed and WellQuest Medical & Wellness, that the tests identified above will be paid under the company's preventative benefits program.

Client / Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

