



## 2023 Gilbane Physician Form

1. Complete all participant information, including email, and sign the form. Both you (the participant) and the physician must sign the form for processing.

PARTICIPANT INFORMATION (To be completed by Participant) Participant First Name: Participant Last Name:																													
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3. C	omple	ete the	e Bio	metr	ic Scı	reening	g Infori	mation	Secti	on us	sing th	e follo	wing c	criteria	a:														
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Medically Enrolled Date Before 1/1/2023												10/1/2022- 9/30/2023																	
On or after 1/1/2023														1/1/2022 - 11/30/2023 NOT need to wait an entire year to attend your next annual appointment															
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a. Securely upload online via the "Annual Physical with Bloodwork" card on the WebMD portal at: https://www.webmdhealth.com/gilbane/

b. Fax securely to 402-939-0604.

c. Mail to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127 (Please be sensitive to mailing timeline)

5. Forms received after the deadline will not be accepted. Forms must be RECEIVED by the specific guidelines above.

6. Within 48 hours of form submission, a confirmation email will be sent to the email provided below. If a confirmation email is not received within 48 hours, please resubmit your form.

7. Please allow 10 business days for your completed Annual Physical requirement to be available on the portal.