

Raleigh

1. Participation in this program is entirely voluntary. If you choose to participate, please complete all participant information, including email, and sign the form.
2. Visit your health care provider for a biometric screening (**fasting preferred**) and take this form.
3. Ask your provider to complete the Biometric Screening Information section using results obtained between **8/9/2025 and 7/31/2026** and sign the form.
4. Submit form once, using one method listed below. **Forms must be RECEIVED by 7/31/2026.** Forms received after the deadline will not be accepted.
 - a. Securely upload online at <https://www.totalwellnesshealth.com/gravity-landing/raleigh-upload/> (**preferred method**);
 - b. Fax to 402-939-0604; or
 - c. Mail to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127. **Forms must be received by 7/31/2026.** Please allow sufficient time for mailing.
5. Within 48 hours of form receipt, a confirmation email will be sent to the email listed below. If a confirmation email is not received within 48 hours, please resubmit your form.
6. Please allow 10 business days for the information to be available on your WebMD portal.

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