

How to register for My.QuestForHealth.com to access the Physician Results Form

- Go to My.Questforhealth.com
- **YOU MUST REGISTER AS A NEW USER FOR THIS YEAR'S PROGRAM.**
- Click "Register Now" where the arrow is indicating in the image below.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Health & Wellness



 [Contact Us](#)

It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks and where to focus, so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with insights that can help you improve your health, so begin your quest for better health today.

Sign In

Username

Password

Login

[Forgot Your Password?](#)
[Forgot Your Username?](#)

Sign Up Now

You will need a registration key to complete your wellness registration.

Register Now



- Enter registration key "**NJWELL**" and click continue.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks and where to focus, so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with insights that can help you improve your health, so begin your quest for better health today.

Enter Registration Key

REGISTRATION KEY

[Continue](#) Already have an account [Sign In Now](#) .

STEP 1 — 2 — 3

- Confirm your eligibility by entering your First Name, Last Name, Date of Birth, and Member ID. Your member ID is listed on your insurance ID card. Please do not include the letters before 3HZN.
- If an error is returned, please ensure you are using the correct member ID number and have entered your full name that was used when you enrolled for health benefits coverage. If you are a returning user but have a different member ID number, you must register again using your current ID number and full name.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

1 Confirm Your Eligibility 2 Create Account 3 Enter Your Information

Confirm Your Eligibility

Please enter your First Name, Last Name, Date of Birth, and Member ID. Member ID should be listed on your insurance ID card. Horizon: 3HZN12345678 (Do not include "NJX, NJO or SNJ" prior to "3HZN12345678").

First Name *

ngwell

Preferred Name (Nickname)

Last Name *

test

Birth Date *

01/01/1980

Example: 01/25/1980

Member ID *

1234567890

Relation *

Employee

Continue ▶

To complete step 3 of the registration process:

- Verify or complete all of the information under Personal Information
 - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify or complete all of the information under Mailing Address
- Click the green Register button
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



Blueprint for Wellness®



Enter Your Information

STEP 

Personal Information

FIRST NAME	LAST NAME	DATE OF BIRTH
<input type="text" value="test44"/>	<input type="text" value="stateofnj"/>	<input type="text" value="07/28/1970"/>
GENDER	PHONE	EMAIL ADDRESS
<input type="text" value="Male"/>	<input type="text" value="9134541311"/>	<input type="text" value="fake@fake.com"/>

Mailing Address

ADDRESS(LINE1)	ADDRESS(LINE2)		
<input type="text" value="1203 Main St"/>	<input type="text"/>		
CITY	STATE	POSTAL CODE	COUNTRY CODE
<input type="text" value="Wood Dale"/>	<input type="text" value="Illinois"/>	<input type="text" value="60191"/>	<input type="text" value="United States"/>

< Back

Register

Wellness Screening Options

- Select the option of your choice to complete “Your Screening” by clicking on the Green box.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



Hello, njwe

[Dashboard](#) [My Account](#) [Contact](#) [L](#)

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 an appointment 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 ▶](#)

Self-collection

Order materials to complete your self-collection.

[Order Materials ▶](#)

Patient Service Center Option

- Follow the instructions on the screen if you chose the Patient Service Center Option
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



Hello, njwell test

[Dashboard](#) [My Account](#) [Contact](#) [Log Off](#)

Thank you, njwell

Your wellness screening has been scheduled at the below Patient Service Center.

At a Patient Service Center

Quest Diagnostics
Dearborn Michigan Avenue
25070 Michigan Ave
Dearborn, MI 48124-1740

Thursday, Mar 10, 2022
7:30 AM

More Location Information

Located West of Telegraph Rd.

 [Print Order Requisition](#)

[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

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

Home Test Kit Option

- Your home test kit will be sent to the address you provided and should be returned by the date on the confirmation page.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Thank you, njwell

Your screening materials will be sent to the address indicated below.

Self-collection

Materials Sent To:

123 road
novi, MI 48127

Orders

Materials ordered on:
Wednesday, Dec 01, 2021

Return Your Materials By:

Monday, Oct 31, 2022

[Back to Dashboard](#) ▶

Prepare For Your Materials



Drink plenty of water
prior to collecting your
sample



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 Watch the [step-by-step instructions for your collection](#).

2 **Important:** Be sure to return your sample on the same day you complete your collection.

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

Physician Fax Form Option

- Select the “Download Your Form” button to access the Physician Results Form.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.

Thank you, njwell

Your wellness screening has been created as a Physician Results Form, download it below.

Physician Results Form

[Download Form ▶](#)

Tests must be completed between:

Monday, Nov 01, 2021 - Monday, Oct 31, 2022

Physician Results Form must be returned by:

Monday, Oct 31, 2022

[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

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

Physician Fax Form Option



- Print out the Physician Results Form and bring it your physician's office to have it completed by the doctor.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



Physician Results Form Instructions

The Health Care Provider Form option is provided by NJWELL in partnership with Quest Diagnostics.

To complete your NJWELL Biometric Health Screening, provide the Physician Results Form to your doctor. Your doctor must complete the Healthcare Provider section, including all results, Signature, and Date Test(s) Performed. The UPIN/NPI is a unique number that identifies your doctor's office; your doctor will know this number. Laboratory results must be collected between

October 31st November 1 & be accepted.

If you have already completed your annual preventive care visit including lab work, your doctor's office may have this data on file and can transfer it to this form. If not, schedule your visit now. Members may be responsible for costs relating to this doctor visit, including charges for completing the form.

Once your form has been received and validated to be complete, you will receive a confirmation email within 72 hours. If you do not receive an email within 72 hours, please review your form to ensure it was completed in full and resubmit. If you have questions, please contact the Quest Health & Wellness Service Center at 855-623-9355.



9856 0AEO 2000 4470



Physician Results Form

Completed form must be faxed to 844-560-5221

Forms must be received by October 31st

REQUIRED ALL FIELDS ARE REQUIRED unless otherwise noted with (*). Your form will be rejected if all fields are not completed. If you have not completed these tests with your Healthcare Provider, they will need to be completed before this form is submitted. Complete in BLACK INK for best results.

Company Name	STATE OF NJ HEALTH BENEFITS	Contract Name	NJWELL
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You need to fill this section out. ! Complete this section before you see your Healthcare Provider.

Last Name	TEST1	First Name	TEST1	MI	
-----------	-------	------------	-------	----	--

Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	TEST1TEST1010119903HZN12345678
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Email Address	TEST1@QUESTDIAGNOSTICS.COM	Phone Number	5555555555
---------------	----------------------------	--------------	------------

Address	555 HAGGERTY		
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City	NOVI	State	MI	Zip Code	48331
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Participant Signature	Date of Birth	01/01/1990
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FOR LAB USE ONLY	
	9856 0AEO 2000 4470

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	October 31st
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Height (feet)	Height (Inches)	Weight (lbs)	Systolic BP	Diastolic BP
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HDL	Total Cholesterol
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Glucose (mg/dL)	Fasting >8 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No
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Healthcare Provider (Printed)	UPIN/NPI
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Healthcare Provider (Signature)	
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Physician Fax Form Option

- Once the form is completed, return to the confirmation page and upload a scanned version of your form, or fax it to 844.560.5221.
- To upload the form, click the link labeled “upload your completed form directly”, then select the “Browse” button to locate the scanned copy of the form you have saved on your computer. IN ADDITION, manually enter your screening results into the boxes provided.
- Contact Quest Diagnostics at 855-623-9355 if you need assistance.



Blueprint for Wellness®



Confirmation

Thank You Test1 Test1! Your wellness screening form is ready to download and take to your Healthca

Physician Results Form [Cancel](#)

Test(s) must be completed on or before:

October 31st

Physician Results Form Must be Returned by:

October 31st



[Download Your Form](#)

Prepare for Your Appointment

Thank you for selecting the Physician Results Form option. Please download and print the form below and take to your health care provider for completion. Fax the completed form to **844-560-5221** by **10/31**

Next Steps For You

1. Return Physician Results Form
2. Fax your completed form to 844.560.5221 or [upload your completed form directly.](#)

Verify the Information on Your Form

Scan your Physician Results Form and upload the file here.

[Browse](#) Select File. (.jpg, .png, .gif or .pdf files only)

Enter Your Results

Be aware that if you don't have a result for a required field below, your results cannot be processed. You will have to contact your physician to get the missing information.

HEIGHT (ft)	(in)	WEIGHT (lbs)	SYSTOLIC BP	DIASTOLIC BP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL	TOTAL CHOL			
<input type="text"/>	<input type="text"/>			
GLUCOSE	Fasting > 9 Hours			
<input type="text"/>	<input type="text"/>			
Date Test(s) Performed	Healthcare Provider	UPIN/NPI		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

You have signed your form.

Your physician has signed the form. (if not your results will be rejected)

[Submit](#)