PHYSICIAN/PROVIDER FORM

New Hires: Previous labs must have been performed within 1 year of your hire date to be accepted. If you are going to use your CHSGa insurance for the visit, you need to make your appointment after the effective date of your insurance, otherwise you will have to pay for the visit out-of-pocket.

As part of the benefits available to your patient through Community Health Services of Georgia's benefits program, all Associates have access to free mental health counseling and services through an Employee Assistance Program (EAP). *SupportLinc EAP: Up to 5 face-to-face or telephonic counseling visits per issue. Call 1-888-881-LINC (5462) or www.supportlinc.com (Username: chs).*

Completed by **ASSOCIATE:**

Name: _____ Date of Birth: _____ /_____ /_____

Social Security:_____ Gender: Male / Female (please circle one)

Phone: _____Email:_____

Hire Date:_____

Signature:_____

Completed by **PHYSICIAN/PROVIDER:** NPI Number:_____

Provider Name (please print):_____Phone:_____

Provider Address: _____

Date labs were performed (required): _____Fasting: Yes or No (please circle one)

Lab Test (all items required)	Lab Test Results
Height (feet and inches)	
Weight (pounds)	
Blood Pressure	
Glucose	
HDL	
LDL	
Total Cholesterol	
Triglyceride	
Hemoglobin A1C (if indicated)	

Provider Signature (required for accepting & uploading results):_____

Make and Keep a Completed Copy for your Records

Please mail, email or fax this completed form to:

Vital Incite
250 West 96th St. Suite 350
Indianapolis, IN 46260 United States
Email: admin@vitalincite.com Fax: 317-660-7994

Authorization to Release Protected Health Information to my Employer: I understand that by submitting this form, Vital Incite will be reporting to my employer the following information: my name, DOB, if I have verified that I have received my annual physical by submitting this form. No other personal information will be shared.