



# PHYSICIAN/PROVIDER FORM



**KEY DATES:** Labs must be performed between the dates of **12/01/2021 - 11/30/2022** to be accepted by Health Pathway.

**DEADLINE:** Completed Physician Form must be received by 11:59 PM on **12/15/22\***.

Completed by **ASSOCIATE:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security: \_\_\_\_\_ Gender: Male Female (please check one)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Completed by **PHYSICIAN/PROVIDER:** NPI Number: \_\_\_\_\_

Provider Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Date labs were performed (required): \_\_\_\_\_ Fasting: Yes or No (please check 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

**\* A grace period will be allowed for labs completed no later than 2/28/23 and a Physician/ Provider Form received by Vital Incite no later than 11:59 PM on 3/15/23.** Additional clarification is in the frequently asked questions.

*Information in this fax is privileged, confidential and intended only for the use of a Health Pathway Representative. Any unauthorized use or disclosure of this information is prohibited. If you have received this fax by mistake, please delete and contact the sender.*

**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](http://www.supportlinc.com) (Username: chs).**