

HOW TO

Submit Your Annual Preventive Visit Form



Baptist Health
South Florida

HOW TO | Submit Your Annual Preventive Visit Form

Step 1

Open the Virgin Pulse/My Wellness Advantage app on your phone or desktop computer

Step 2 (Phone)

- Select the Benefits tab
- Select Preventive Care Activities

Step 3

- Select **Upload your completed Annual Preventive Care Visit form link**

The screenshot displays the Baptist Health app interface. The top navigation bar includes the Baptist Health logo and a notification bell. The main content area is divided into two columns. The left column features a 'STATS' section with a circular progress indicator showing 5,000 steps, a 'CARDS' section with a green checkmark indicating completion for today, a 'HEALTHY HABITS' section with a green checkmark and 'NICE JOB TRACKING!', a 'CHALLENGES' section with a circular progress indicator showing 1 total challenge, and a 'REWARDS' section with a circular progress indicator showing 8,360 points. The right column features a 'Benefits' section with a search icon and a notification bell. Below the 'Benefits' section are tabs for 'Explore', 'Saved', and 'View all'. The 'Explore' tab is active, showing a message: 'Your resources are at your fingertips. Do a quick search, try something new or save things you love.' Below this is a 'Recommended' section with a right arrow. It contains three items: '1:1 Wellness Coaching', 'Preventive Care Activities' (highlighted with a red arrow), and 'A New and Improved PineApp!'. Below the 'Recommended' section is a 'Recently Viewed' section with three items: 'Preventive Care Activities' (highlighted with a red arrow), 'Wellness Virtual Zoom Classes', and 'Baptist I ready to'. At the bottom of the app is a navigation bar with five icons: Home, Health, Benefits (highlighted with a red arrow), Social, and Profile. A blue banner at the bottom of the app reads 'Take your workplace screening and view results' with a globe icon.

Baptist Health

STATS
SELF-ENTERED STEPS
WAY TO GO!

CARDS
COMPLETED FOR TODAY

HEALTHY HABITS
NICE JOB TRACKING!

CHALLENGES
VIEW YOUR HEALTHY COMPETITION

REWARDS
BOOST YOUR SCORE

Benefits

Explore **Saved** **View all**

Your resources are at your fingertips. Do a quick search, try something new or save things you love.

Recommended

1:1 Wellness Coaching

Preventive Care Activities

A New and Improved PineApp!

Recently Viewed

Preventive Care Activities

Wellness Virtual Zoom Classes

Baptist I ready to

Take your workplace screening and view results

Home Health **Benefits** Social Profile

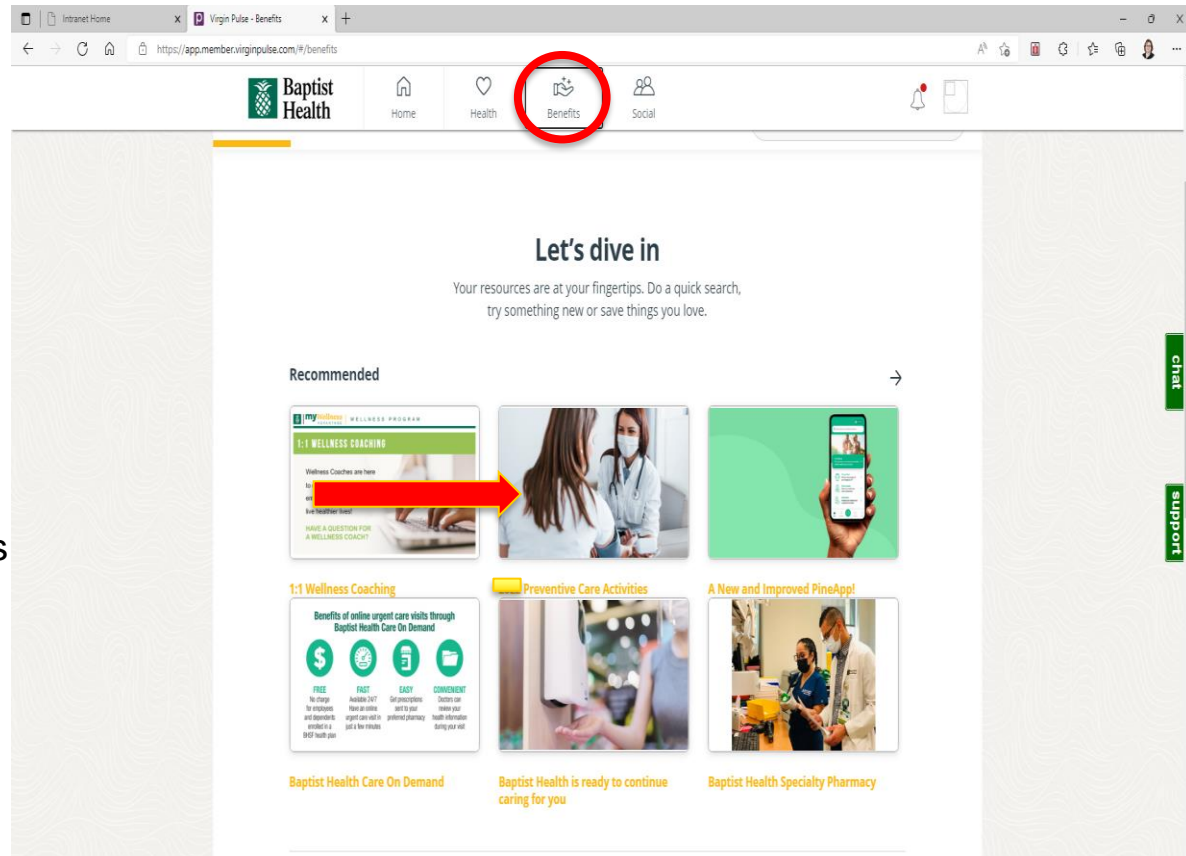
HOW TO | Submit Your Annual Preventive Visit Form

Step 2 (Desktop)

- Select Benefits
- Select Preventive Care Activities

Step 3

- Select **Upload your completed Annual Preventive Care Visit form link**



Step 4

Read the Annual Preventive Visit Form Submission Instructions

ANNUAL PREVENTIVE VISIT FORM

Resize font:
⊕ | ⊞

INSTRUCTIONS

Employees and Covered Spouses:

Employees and Covered Spouses can earn a \$500 deductible credit for their Pineapple Premier (Aetna) health plan by submitting their Annual Preventive Visit form completed by a Primary Care Physician (\$300 Annual Preventive Visit + \$200 Biometric Results).

In order for the form to be accepted and the deductible credit applied:

- Only results from November 1 through October 31 will be accepted.
- The form must include the provider signature and printed name or stamp.
- Upload your Annual Preventive Visit form by clicking the "UPLOAD DOCUMENT" button.
- Using the results reported on your Annual Preventive Visit form, complete the fields below.
- When complete, click SUBMIT button.
- You will receive an email confirming your submission. If you do not receive it, contact Wellness Advantage 8:30 am-4:30 pm at 786-596-2387.
- Wellness Advantage must receive this form by 10/31 in order for you to receive credit for these wellness activities. It is your responsibility to ensure delivery before this deadline.




Step 5

Upload your Annual Preventive Visit Form completed by your physician

- Scan or take a picture of the completed form
- Select Upload your Annual Preventive Visit form link
- Find your (saved) document
- Select upload document

1) Please upload the completed form below.

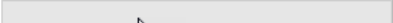
* must provide value

 [Upload document](#)

Upload document 

Please upload the completed form below.

Select a file then click the 'Upload Document' button

 Browse...

Upload document



(Max file size: 32 MB)



HOW TO | Submit Your Annual Preventive Visit Form

Step 6

Complete fields 2-20 with required information from your Annual Preventive Visit form and click the submit button at the bottom of the page.

2) Please select one * must provide value	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE OF BAPTIST HEALTH SOUTH FLORIDA EMPLOYEE
Name of PROVIDER completing Annual Preventive Visit	
3) First Name of the PROVIDER * must provide value	<input type="text"/>
4) Last Name of the PROVIDER * must provide value	<input type="text"/>
5) Credentials of the PROVIDER * must provide value	<input type="radio"/> MD <input type="radio"/> PA <input type="radio"/> ARNP <input type="radio"/> D.O. <input type="radio"/> Healthy Hub RN <input type="radio"/> Other reset
6) Date of Annual Preventive Visit or Date of Biometric Screening: * must provide value	<input type="text"/>  M-D-Y
7) Employee or Spouse First Name * must provide value	<input type="text"/>
8) Employee or Spouse Last Name * must provide value	<input type="text"/>
9) Date of Birth * must provide value	<input type="text"/>  M-D-Y
10) Employee or Spouse ID #: * must provide value	<input type="text"/> <small>Spouse ID = Employee ID + S (no space; case sensitive, i.e. 1234S)</small>
11) Best contact number * must provide value	<input type="text"/>
12) Provide e-mail address * must provide value	<input type="text"/>
13) Are you pregnant? * must provide value	<input type="radio"/> Yes <input type="radio"/> No reset
14) Are you a tobacco user? * must provide value	<input type="radio"/> Yes <input type="radio"/> No reset
15) Enter Systolic Blood Pressure (Upper) * must provide value	<input type="text"/>
16) Enter Diastolic Blood Pressure (Lower) * must provide value	<input type="text"/>
17) Enter height in inches * must provide value	<input type="text"/> <small>i.e. , 5 ft = 60"; 6 ft = 72"</small>
18) Enter weight in pounds * must provide value	<input type="text"/>
19) Total Cholesterol * must provide value	<input type="text"/>
20) Blood Glucose (non-fasting) * must provide value	<input type="text"/>
Submit	

You will receive an email confirming your submission.

