



Wellness Screening Form

Provider Visit Date: _____

Health Dental Vision

Member Information: Please Print

Name: _____ Employer: Muskingum Valley ESC

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Instructions: Please take this form to your healthcare provider and have them complete the section below. The Provider visit **must occur** between: *November 1 and October 31 of each year.*

Provider Instructions: Please record the date of Annual Preventive Exam: _____

Please record the date only. Do not record any screening or lab results.

Print Provider Name: _____

NPI: _____

Date: _____

Provider Signature: _____

Phone: _____

IMPORTANT: This form must be completed and mailed or emailed to Debbie Kimball at the Zanesville office. Any forms received after **November 2nd of each year** will not be accepted. Mail or email the information to:

Deborah Kimball
Muskingum Valley ESC
205 N. 7th Street
Zanesville, OH 43701
deborah.kimball@MVESC.org