

TotalWellness

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MISSOURI EDUCATORS' TRUST

Corporate Health Risk Assessment Results

The patient listed below is participating in a Health Risk Assessment through CoxHealth Corporate and Employee Wellness. The following completed form is evidence that the patient completed a health risk assessment and is requested by the patient for inclusion in their district Health Risk Assessment report.

THE FORM MUST BE 100% COMPLETED AND RETURNED TO:

Republic R-III School District
518 N Hampton Republic MO 65738
Fax: 417- 732-3609
Attn: Melissa Bennett

***Must be completed and returned to district office within the following timeline: 07/01/2021 – 05/01/2022**

Patient Complete (Please Print)

Insurance Member ID : _____

Patient name: _____ Date of Birth: _____

Patient Address: _____ City: _____

State: _____ Zip Code: _____ Patient Daytime Phone: _____

School District: _____

Male or Female

Health Care Provider: _____ Visit Date: _____

Email Address: _____

Physician Signature: _____ Date _____

*We do not use this to bill your insurance company but in order to keep track of those on the insurance participating for incentive purposes.

**CoxHealth and CoxHealth Corporate and Employee Wellness is not liable for any fees incurred by any participant who elects to see a physician.

For Office Use Only: CRM Participation List Upload Spreadsheet

