



The Good Life Physician Verification Form

Instructions to complete this form:

- 1. Please complete all fields. Use blue or black ink. Print one character per box.
- 2. Do not send any additional information attached with this form.
- 3. **You must complete and return the original form, postmarked by September 30, 2016** to the following address:

BlueCross BlueShield of Western New York
 Attn: The Good Life
 PO Box 80
 Buffalo, NY 14240-0080

Forms faxed, e-mailed or hand delivered will not be accepted.

- 4. Please keep a copy of this form for your records.

1 — Member Information

Please complete this form with your physician if you are not participating in a worksite health screening. Member: If you have any questions please contact customer service at 1-800-544-2583.

Member's Last Name	Member's First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's ID	Suffix	Group Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MMDDYYYY)		
<input type="text"/>		
Member's Signature		
<input type="text"/>		

2 — Physician Information

Your patient is part of a health plan that asks him/her to have a health screening and complete a Health Assessment. Please take a moment during the office visit to complete this form and return it to your patient. If you have any questions please contact Provider Service at 1-800-950-0051.

Health Screening Information

Please enter the following measurements for your patient. **Measurements before December 1, 2015 are not permitted.**

Height (inches)	Weight (pounds)	Blood Pressure:	Systolic	Diastolic
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Blood Sugar	Total Cholesterol	LDL	HDL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Attending Physician's Last Name	Attending Physician's First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Attending Physician's Signature	Date (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	