REGISTRATION

Onsite Event



Registering for a screening

- Log on to webmdhealth.com/wellwisconsin
- Click Benefits





Registering for a screening

- Click on *Get Started* on the Biometric Screening card
- Under Biometric Screenings, Click here to register



Submit your completed Health Care Provider Form using one of the following methods:

- Mail: Total Wellness, Attn: Data Team, 9320 H Court, Omaha, NE 68127
- Fax: 402-218-4378
- Secure Upload: https://www.totalwellnesshealth.com/gravity-landing/wellwi/





Registering for a biometric screening or self-collection materials

- Verify your information, phone number and email address are required
- Click Save
- To schedule an appointment at an onsite event, click *Make an Appointment*
- To order Self-collection materials, click Order Materials

| Enter Your Information | | | |
|--|---|---|---|
| First Name * | Last Name * | Preferred Name (Nickname) | |
| DOB 04/30/1984 2 Example: 0125/1980 | Self-Identified Gender * | Phone * | |
| Email Address * | | | |
| Mailing Address | | | |
| Address Line 1 * | Address Line 2 | Country * United States | |
| City * | State * | Postal Code * | |
| Communication Preference: 1 would like to receive appointment reminder Save Cancel | s from Quest Diagnostics Health & Welliness. Why should The Well Wisconsin Health and Wellines options. Know your measures such as I | You participate? Program and StayWell have partnered of services to provide you with convenien numbers - the health screening will eval Sody Mass Index (BMI), blood pressure, aring signs of health risks and prevent | t on-site health screening uate your biometric cholesterol and glucose to |
| | At an Onsite E | ppointment method below. vent t work or a location designated by | |



Registering for a biometric screening

- Participant's home zip code will populate
- Zip code field can be updated to search for other events
- Once the zip code is typed, click *Search*
- You can scroll the *Search Results* to view all the available locations
- Click *Continue* once you have selected a location





Well Wisconsin Regional Events

If you are registering at one of the Regional Events, use the corresponding zip code to search for the location:

| Event Name | Street | City | State | Zip Code | Screening Date | Event Start Time | Event End Time |
|---|------------------------|------------|-------|----------|-------------------|---------------------|-------------------|
| Regional Screening: Hilton Garden Inn | 1355 W 20th Ave | Oshkosh | WI | 53704 | 3/12/2025 | 09:00 AM | 2:00 PM |
| Regional Screening: Best Western Eau Claire | 3340 Mondovi Rd | Eau Claire | WI | 54701 | 3/20/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Clarion Suites | 102 East Rusk Ave. | Madison | WI | 53713 | 3/27/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Comfort Suites Milwaukee | 6362 South 13th Street | Oak Creek | WI | 53154 | 4/8/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Comfort Suites Green Bay | 1951 Bond St. | Green Bay | WI | 54303 | 4/17/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Monona Terrace | 1 John Nolan Drive | Madison | WI | 53703 | 4/22/2025 | 08:00 AM | 4:00 PM |
| Regional Screening: Comfort Suites Milwaukee | 6362 South 13th Street | Oak Creek | WI | 53154 | 8/20/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Clarion Suites | 102 East Rusk Ave. | Madison | WI | 53713 | 8/28/2025 | 08:00 AM | 1:00 PM |
| Regional Screening: Hilton Garden Inn | 1355 W 20th Ave | Oshkosh | WI | 53704 | 9/9/2025 | 09:00 AM | 2:00 PM |
| Regional Screening: Monona Terrace | 1 John Nolan Drive | Madison | WI | 53703 | 10/2/2025 | 08:00 AM | 4:00 PM |



Registering for a biometric screening

- Select a date and time
- Click Continue
- Click Change to select a different location

| Location | Change |
|---|---|
| Department of Administration - Open to all eligible for the Well Wisconsin 101 East Wilson Street Madison, WI 53703 | |
| | |
| Date & Time | |
| Choose a date " | Select the calendar to see other appointment dates available |
| Date & Time Choose a date ' 04/11/2019 Example: 01/05/1980 | Select the calendar to see other appointment dates available. |



Registering for a biometric screening

- Review your appointment details
- Click *Confirm* to schedule your appointment

| Location Department of Administration - Open to all eligible for the Well Wisconsin 101 East Wilson Street Madison, WI 53703 | <u>Change</u> | 0 |
|---|---------------|---|
| Date & Time Thursday, Apr 11, 2019 8:00 AM | <u>Change</u> | • |
| Confirm Cancel Your appointment is not scheduled until you click confirm. | | |



Registering for a biometric screening

- Confirmation page includes
 appointment details
- Confirmation email will be sent upon registration

Thank you, WISCETF170

Your wellness screening has been scheduled at the below location.

| Onsite Event | Prepare For Your Appointment | | | | | |
|---|---|---|---|--|--|--|
| Department of Administration - Open to all eligible for the Well Wisconsin Wisconsin Room 101 East Wilson Street Madison, WI 53703 Thursday, Apr 11, 2019 8:00 AM | Orink plenty of water prior to your appointment | Continue to take all medications as prescribed by your healthcare provider | Do not eat or drink anything, except water, for 9-12 hours prior to the blood test | | | |
| Back to Dashboard | For questions, contact the | Health & Wellness Service | Center: 855.623.9355 | | | |



REGISTRATION

Self-Collection Materials



Ordering self-collection materials

- To order self-collection materials, click Order Materials
- Review address and click Confirm

At-Home Test

Materials will be sent to your home to complete a screening.

Order Materials

| Review | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
|------------------|--------|---|----|----------------|---|----------|--|
| Address (Line 1) | | | Ad | dress (Line 2) | | | |
| Country | ▼ City | | | State | • | Zip Code | |
| Confirm | | | | | | | |



Ordering self-collection materials

- Confirmation screening includes link to a step-by-step video
- Confirmation email will be sent

| At-Home Test | | Prepare | Prepare For Your Materials | | | | | |
|-----------------------|--|--|---|--|--|--|--|--|
| Materials | | • | 0 0 | | | | | |
| 1010 Str City Nar | s Sent To: reet Address ne, State 12345 | Drink plenty of water prior to completing your | Continue to take all medications as prescribed by your | Do not eat or drink anything, except water, for 9-12 | | | | |
| Orders | | screening | healthcare provider. | hours prior to the blood test. | | | | |
| Date | Status | | | | | | | |
| 01-13-17 | Ordered | Next Steps | | | | | | |
| 04-05-17 Shipped | | | Take your <u>health questionnaire.</u> Watch the <u>At-Home Collection step-by-step video.</u> | | | | | |
| Return Yo Sat, Dec | our Materials By: 17, 2017 | For questions, cont | act the Health & Wellness \$ | Service Center | | | | |
| Back to Dashboard | | 1.855.623.9355 | tot the riealth & Weinless & | Service Center. | | | | |
| | | | | | | | | |
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