

Journey to Well-Being Preventive/Biometric Screening Completion Form

Submit this completed form to Quest Diagnostics between Jan. 1 and Oct. 31, 2020.

Quest Diagnostics

By fax: 877-567-1407

By email: DGXDataIntake@questdiagnostics.com

To earn Journey to Well-Being points for a preventive screening, you and your provider must complete and submit this form to Quest Diagnostics. Spouses or domestic partners who have completed a biometric screening at an American Airlines onsite clinic must complete and submit this form to earn Journey to Well-Being points.

It can take up to two weeks for forms to process. Visit my.aa.com/journey and log in to check whether you have received credit for this activity.

**This form must be received by Oct. 31, 2020 to earn Journey to Well-Being points for this activity.
Incomplete or illegible forms will not be processed.**

Credit for Preventive Screening Completion with Preventive Care Provider		
Provider Information	Screening Completed	Check One
Provider ID Number (NPI or UPIN):	Annual Physical/Wellness Visit	
Provider Phone Number:	Mammogram (female)	
Print Provider Name:	Cervical Cancer Screening (female)	
Provider Signature:	Skin Cancer Screening	
Date of Screening (MM/DD/YYYY):	Colon Cancer Screening	

SPOUSES/DOMESTIC PARTNERS ONLY Credit for Biometric Screening at an American Airlines Onsite Clinic		
Date of Screening (MM/DD/YYYY):	Biometric Screening Completed	

By signing below, I attest that the screening identified above was completed and understand that choosing to participate in Journey to Well-Being powered by Limeade is voluntary. I also authorize and direct Quest Diagnostics and Limeade to process my form to ensure I receive Journey to Well-Being points and reward credit.

Participant Information		
Print Full Name:	Date of Birth: (MM/DD/YYYY):	
Phone Number:	Email Address:	
8-digit AA ID. If your AA ID isn't 8-digits, be sure to add leading zeros (example: 00123456). <i>(If you are a spouse/domestic partner, provide the AA ID of the American Airlines team member you are covered by):</i>		I am the spouse or domestic partner of an American Airlines team member:
Participant Signature:		Date (MM/DD/YYYY):

For questions about Journey to Well-Being, call Limeade Customer Care at 855-493-2582 between 6 a.m. and 9 p.m. CT, Monday through Friday or visit my.aa.com/journey.