

Wellness Screening Physician Results Form Instructions

This communication applies to both BBU and Bimbo QSR non-union associates.

Attention Associate or Spouse:

Bring this instructional form as well as the **Physician Results Form** with you to your visit and give them to your physician.

Instructions for Associate or Spouse

- If you have not already received a screening from your physician during 2026, schedule a preventive appointment to take place before **September 30, 2026**. Individuals covered under a Bimbo Bakeries USA (BBU) or Bimbo QSR (referred to collectively as "Company") medical plan receive in-network preventive care covered at 100% for one annual preventive screening every calendar year.
- Fast for 9 hours prior to your appointment. Continue taking medication as directed and be sure to drink plenty of water.
- Validate the information in the associate portion of the **Physician Results Form** and sign it before providing the form to your physician. Note that the form must be completed with black ink.
- Your physician must then complete the form, and either you or your physician must submit the form to Quest Diagnostics by **September 30, 2026**, for you to earn medical plan premium discounts for 2027.
- Physician results cannot be combined with or used to override any actual measured results by Quest Diagnostics.

Instructions for Physician

- The Company accepts results obtained from annual physicals that were completed between **January 1, 2026 and September 30, 2026**. If you are performing a covered annual physical, **it must be coded and filed with the medical carrier as preventive, not diagnostic**. Individuals covered under a Company medical plan receive in-network preventive care covered at 100% for one annual preventive screening every calendar year.
- Please conduct a preventive care visit that includes all the measurements listed in the bottom half of the **Physician Results Form** under "This section must be completed by your Healthcare Provider," and record the appropriate values. Note that the form must be completed with black ink.
- Lab work should be processed by a Blue Cross Blue Shield of Illinois in-network lab.
- Sign the form, then you or the associate must submit the **Physician Results Form** to Quest Diagnostics by **September 30, 2026**, following the instructions below.
- Submit the claim for the preventive visit to Blue Cross Blue Shield of Illinois, if applicable.

How to Submit the Form

Upload (preferred option):

- Associate or spouse: To submit the form electronically, visit **my.questforhealth.com** and log in with the username and password you created previously.
- Scan or take a clear picture of your results form. Note: The following information must be completed on the form: date of service, BMI and cotinine status, physician signature and associate or spouse signature. Otherwise, Quest Diagnostics will not accept the form.
- Select **Upload Form**.
- Locate and select the **Physician Results Form** file (.jpg, .png, .gif and .pdf file formats will be accepted).
- If you are uploading the form from a mobile device, you will need to select an image of the form from your stored photos.
- Enter your results from the form into the fields shown before clicking the **Submit** button.
- You will receive a "results are ready email" within 10 business days and a MyGuide to Health personalized report from Quest within three weeks, which comprehensively outlines your screening results and actions you can take to improve your health. If you do not receive your results within the above time frame, please make sure the form was submitted correctly.

Fax (alternate option):

- Either the physician or the associate/spouse can fax the **Physician Results Form** to Quest Diagnostics at 1-844-560-5221 by **September 30, 2026**.

Questions?

- For questions about the Wellness Screening, please call the Quest Diagnostics Health and Wellness Customer Support Center at 1-855-623-9355.
- For questions about in-network labs, billing or to verify preventive care benefits, please call Blue Cross Blue Shield of Illinois' Customer Service at 1-877-239-7449.

