Dear Health Care Provider,

Thank you for taking a moment to read this letter and assisting your patient in learning more about personal biometrics and healthy living. Your patient is participating in the Talk to Your Doc program as part of their Everence Live Well employee wellness program. Talk to Your Doc encourages participants to visit a health care provider for an annual preventive care visit, which if coded properly, is covered 100% by the insurance plan unless the appointment becomes diagnostic or is used to discuss pre-existing conditions. The recommended CPT codes are listed on the provider portion of the patient form to ensure that your patients do not incur unexpected out-of-pocket expenses. The goals of this program are to raise awareness, increase engagement in healthier lifestyle choices, and build a relationship with a health care provider.

You can help your patient by completing the biometrics form on the back of this page. Please fill out the health care provider only section and sign the form. Once the biometric results are complete, we ask that you please return the form to the patient or, if the results are received after the appointment, fax the completed form to (855) 777-TTYD (8893). The lab results must be attached to the form.

Biometrics to be tested:
- Height
- Weight
- BMI
- Waist circumference
- Blood pressure
- Total cholesterol
- LDL
- HDL
- Triglycerides
- Fasting glucose
- Tobacco use in the last 6 months by physician certification

Thank you for assisting this patient in completing the Talk to Your Doc program. If you have any questions about our program, please feel free to call (877) 833-5900 Monday through Friday from 9 a.m. to 5 p.m. EST.

Be well,
Talk to Your Doc Team
Participant Information

NAME (Please Print) □ MALE □ FEMALE
BIRTH DATE DATE OF VISIT
ADDRESS CITY STATE / ZIPCODE

If you are a participating spouse, please include the employee name to whom you’re related:

☐ CHECK THIS BOX IF YOU ARE INTERESTED IN HEALTH COACHING

- Please be sure to fast 8-12 hours prior to your lab work.
- Please communicate with your provider to only perform diagnostics listed on this form or you may be liable for additional out-of-pocket expenses.
- Keep a copy of this completed form for your own records. You will receive a Results Statement within 1-2 weeks of submitting your form that will serve as confirmation of receipt.

Biometric Results {Health Care Provider Only}

- Please read the cover letter carefully—this service is intended to be coded as preventive care (i.e. ICD-9 V70.0).
- We recommend to not order the standard health panel blood test for your patient. It may not be covered 100% as an annual preventive care visit and your patient may be liable for out-of-pocket expenses.
- You may use existing blood work results on file that have occurred since November 1, 2014.
- Complete each box below. Give the completed form and actual blood work results to your patient, or submit them directly using one of the methods below.

<table>
<thead>
<tr>
<th>HEIGHT (in.)</th>
<th>WEIGHT (lbs.)</th>
<th>BODY MASS INDEX (BMI)</th>
<th>WAIST CIRCUMFERENCE (in.)</th>
<th>BLOOD PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CHOLESTEROL</td>
<td>LDL CHOLESTEROL</td>
<td>HDL CHOLESTEROL</td>
<td>TRIGLYCERIDES</td>
<td>FASTING GLUCOSE</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Recommend CPT code 82947</td>
</tr>
</tbody>
</table>

- TOBACCO USE IN LAST 6 MONTHS (PHYSICIAN CERTIFICATION ONLY)
  ☐ YES ☐ NO

- TOBACCO USE (COTININE TEST ONLY)
  Recommend CPT code 83887
  ☐ YES ☐ NO

- PREGNANT
  ☐ YES ☐ NO

Physician Information

PHYSICIAN NAME (Please Print) PHYSICIAN SIGNATURE DATE OF VISIT

Mail completed form to: FirstPerson 8000 Keystone Crossing Suite 910 Indianapolis, IN 46240
Or fax form to: 855.777.TTYD (8893)
Or scan and email to: talktoyourdoc@firstpersonadvisors.com

FORM DEADLINE: 4-30-2015

Note: If you choose to email your form, please use a secure encryption to ensure the safety of your personal health information.