



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Healthy Tigers

COMPANY: Auburn

FAX NUMBER: 334 844 8262

PHONE NUMBER:

FROM: Amy

DATE: 11/29/18

TOTAL PAGES, INCLUDING COVER

SENDER'S REFERENCE NUMBER

RE: Jocelyn Bozeman

CC:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

Thank you

The contents of this Fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

Auburn University Healthy Tigers- Provider Screening Form

Instructions: If you can not or choose not to participate in the Healthy Tigers screenings through the AUPCC, you may submit your health screening results through your physician. You are to complete **Section 1** of the form and your provider is to complete **Section 2**

Certain lab tests associated with the Healthy Tigers Program when performed by your physician may only be covered once every 5 years by AUBCBS and you may be responsible for additional lab costs.

NAME (PLEASE PRINT): Joycelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 49 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joycelyn R Bozeman

AU BCBS CONTRACT NUMBER: DAU822631310

DAYTIME OR CAMPUS PHONE NUMBER: 334 318-9775 E-MAIL ADDRESS: _____

PLEASE CHECK ONE: I am an AU employee covered by my own AU BCBS policy. ☒

I am an AU employee covered by another AU employee's AU BCBS policy. ☐

I am the spouse, or sponsored adult dependent, of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

- ☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 126 / 77 mmHg

Height 5 ft 3 in

Total Cholesterol 146 mg/dL

Weight 143.8 pounds

Blood Glucose 107

BMI 25.47

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 40 mg/dL

TC/HDL Ratio 3.7

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11 / 26 / 18

Provider's Name: (Please Print) Melodye M Harvey

Provider Signature: M Harvey, MD

Provider Address / Phone: 7430 East Drive / 334-244-3281
Montgomery, AL 36117

Please return completed form to:

AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)

Attention: Healthy Tigers Program

2155 Walker Building, HSCP, 362 West Thach Avenue

Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐

J. Bozeman

* Lisartan - HCTZ
100-25 MG Tab

* Atorvastatin
40 MG Tab

* Metformin HCL
500 MG Tablet

* Iron
65 MG

Joycelyn Bozeman
DOB 7/24/69

* Ferrous Sulfate
325 mg Tablet

* Losartan - HCTZ
100-25 mg Tab

* Atorvastatin
40 mg tablet

* Metformin - HCL
500 mg Tablet

ALABAMA UNIVERSITY HOSPITAL
PATIENT HEALTH CENTER
1000 S. MOOREHEAD BLVD
BIRMINGHAM, AL 35294
205-975-1000



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Healthy Tigers Program

FROM: Amy Morris RN

COMPANY: Auburn

DATE: 12/7/17

FAX NUMBER: 844 4019

TOTAL PAGES, INCLUDING COVER: 3

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

(334) 244 3281

RE:

CC:

Joycelyn Bozeman

☐ URGENT

☒ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

NOTES/COMMENTS

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NAME (PLEASE PRINT): Joyelyn Bozeman SUBSCRIBER BANNER NUMBER: 902002730

AGE: 48 DATE OF BIRTH: 7-24-1969 GENDER (CHECK ONE): ☐ MALE ☒ FEMALE

SUBSCRIBER NAME (AS APPEARS ON AU BCBS INSURANCE CARD): Joyelyn Bozeman

AU BCBS CONTRACT NUMBER: PPA822631310

DAYTIME OR CAMPUS PHONE NUMBER: 334-318-9775 E-MAIL ADDRESS: _____

What best describes your race/ethnicity?

- ☐ White ☒ Black/African American ☐ Asian ☐ Indian or Alaska Native
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other

Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☐ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 102 / 67 mmHg

Height 5 ft 3 in

Total Cholesterol 139 mg/dL

Weight 148 pounds

Blood Glucose 97

BMI 26.2

Alarm values: Total Cholesterol ≥ 250
Blood glucose ≥ 200
Blood pressure - Systolic ≥ 160 mm Hg
Diastolic ≥ 100 mm Hg
BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 39 mg/dL

TC/HDL Ratio 3.842

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 12/6/2017

Healthcare Provider's Name: (Please Print) Carol Stewart, CRNP

Healthcare Provider Signature: [Signature]

Healthcare Provider Address / Phone: 334-244-3281

Please return completed form to:
AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)
Attention: Healthy Tigers Program

2155 Walker Building, HSOP, 362 West Thach Avenue
Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-4019 E-MAIL: healthytigers@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

Joycelyn Bozeman
DOB 7/24/69

Losartan-HCTZ
100-25 MG Tab

ATORVASTATIN
40 MG Tablet

MetFormin-HCL
500 mg Tablet

Iron pill - Ferrous Sulfate
325 - 65 mg



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Healthy Tigers Program FROM: AUM - Student Health Services
COMPANY: Auburn DATE: 12/30/16
FAX NUMBER: 334 844 8262 TOTAL PAGES, INCLUDING COVER: 3
PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: 334 244 3281
RE: Joycelyn Bozeman CC: _____
☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

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AU BCBS CONTRACT NUMBER: PPA822631310

DAYTIME OR CAMPUS PHONE NUMBER: 318-9775 E-MAIL ADDRESS: _____

PLEASE CHECK ONE: I am an AU employee covered by my own AU BCBS policy. ☒

I am an AU employee covered by another AU employee's AU BCBS policy. ☐

I am the spouse, or sponsored adult dependent, of an AU employee and am covered by their AU BCBS policy. ☐

What best describes your race/ethnicity?

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Do you HAVE (or have you been told you had) any of the following? (Mark all that apply.)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you take MEDICATION for any of the following? (Mark all that apply.) Optional: Please provide a list of all of your medications on the back of this form (including prescription, over the counter, vitamins, and minerals)

- ☒ High Cholesterol ☒ High Blood Pressure or Hypertension ☒ Diabetes

Do you currently smoke or use tobacco products? ☒ Current Smoker ☐ Former Smoker ☐ Never

SECTION 2 (To Be Completed by Healthcare Provider)

REQUIRED DATA

Blood Pressure 100 / 63 mmHg

Height 5 ft 2 in

Total Cholesterol 148 mg/dL

Weight 144 pounds

Blood Glucose 100

BMI 26.3

Alarm values: Total Cholesterol ≥ 250

Blood glucose ≥ 200

Blood pressure- Systolic ≥ 160 mm Hg

Diastolic ≥ 100 mm Hg

BMI ≥ 35

OPTIONAL DATA

HDL Cholesterol 49 mg/dL

TC/HDL Ratio _____

The above mentioned member has been evaluated in my office and counseled regarding his/her risk factors. In particular, I have noted any values that were above alarm values and responded as clinically indicated.

DATE TESTS PERFORMED BY PHYSICIAN (THIS DATE IS REQUIRED) 11 / 29 / 2016

Provider's Name: (Please Print) Lara Stewart, MD

Provider Signature: Lara Stewart, MD

Provider Address / Phone: 334 244 3396

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

Please return completed form to:

AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)

Attention: Healthy Tigers Program

2155 Walker Building, HSOP, 362 West Thach Avenue

Auburn University, Alabama 36849-5506

PHONE: (334) 844-4099 FAX: (334) 844-8262 E-MAIL: aupcc4u@auburn.edu or wellness@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐ SS ☐

Patient Information	Specimen Information	Client Information
BOZEMAN, JOYCELYN DOB: 07/24/1969 AGE: 48 Gender: F Fasting: Y Phone: NG Patient ID: NG	Specimen: AL219236M Requisition: 0485571 Collected: 12/06/2017 / 08:30 CST Received: 12/07/2017 / 02:03 CST Reported: 12/07/2017 / 04:38 CST	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	139		<200 mg/dL	AT
HDL CHOLESTEROL		39 L	>50 mg/dL	AT
TRIGLYCERIDES		150 H	<150 mg/dL	AT
LDL-CHOLESTEROL	75		mg/dL (calc)	AT
Reference range: <100				

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDL-C RATIO	3.6		<5.0 (calc)	AT
NON HDL CHOLESTEROL	100		<130 mg/dL (calc)	AT

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE	97		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	13		7-25 mg/dL	
CREATININE	0.84		0.50-1.10 mg/dL	
eGFR NON-AFR. AMERICAN	82		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	95		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM		134 L	135-146 mmol/L	
POTASSIUM	3.5		3.5-5.3 mmol/L	
CHLORIDE	99		98-110 mmol/L	
CARBON DIOXIDE	25		20-31 mmol/L	
CALCIUM	9.4		8.6-10.2 mg/dL	
PROTEIN, TOTAL	7.0		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	92		33-115 U/L	
AST	16		10-35 U/L	
ALT	9		6-29 U/L	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

HDL CHOLESTEROL	39 L	>50 mg/dL	AT
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Patient Information	Specimen Information	Client Information
BOZEMAN, JOYCELYN DOB: 07/24/1969 AGE: 48 Gender: F Fasting: Y Patient ID: NG	Specimen: AL219236M Collected: 12/06/2017 / 08:30 CST Received: 12/07/2017 / 02:03 CST Reported: 12/07/2017 / 04:38 CST	Client #: 49100638 TUCK, PAMELA P

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

TRIGLYCERIDES	150 H	<150 mg/dL	AT
SODIUM	134 L	135-146 mmol/L	AT



12/26/2015 10:51:35 PM

To: AUM NURSING CARE CENTER **From:** Client Call Group
Fax: **Fax:** 336-855-4690
Attn: Billing/Insurance **Phone:** 888-252-4296
Re: Invalid/Incorrect Information
Client # 130354 **Date** 12/26/2015

CONFIDENTIALITY NOTE: The information contained in this facsimile is being transmitted to and is intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby advised that any unauthorized review, forwarding, printing, copying distributing, of such information is strictly prohibited and may be unlawful. If you have received this facsimile in error, please immediately notify us by telephone and destroy this facsimile message.

*****URGENT PLEASE READ*****

Message:

Please return within 5 business days to avoid duplicate requests.
If you have any questions regarding this correspondence please contact me at the number listed above. Thanks for your help.



12/26/2015 10:51:35 PM

Client #: 130354 Client: AUM NURSING CARE CENTER

Patient Accounts Requiring Corrected Information*Physician: Fuentes, Maryluz*

<u>PATIENT</u>	<u>DOB</u>	<u>MR #</u>	<u>ACCOUNT</u>	<u>DOS</u>
Bozeman, Jocelyn	4/24/1969		SDF317036	11/17/2015

*Please provide a copy of insurance cards (front and back)**Corrected
Information:*

PLEASE AUTHORIZE INFO BY SIGNING

A handwritten signature in black ink, appearing to read "J. K. RW", is written over a horizontal line.