

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

ALBANY UNIVERSITY MONROVIA
STUDENT HEALTH CENTER
PO BOX 10000
ALBANY, NY 12245-1000
518/486-1000



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: Joycelyn Bozeman CC: _____
☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

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): 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:

DATE:

Auburn

12/30/16

FAX NUMBER:

TOTAL PAGES, INCLUDING COVER

334 944 8362

3

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

334 244 3281

RE:

CC:

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NOTES/COMMENTS

Thank you

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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): Joyceelyn Bozeman EMPLOYEE ID/BANNER NUMBER: 902002730

AGE: 47 DATE OF BIRTH: 7-24-69 GENDER (CHECK ONE): MALE ☐ FEMALE ☒

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

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?

- ☐ 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

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

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 wellnss@auburn.edu

For AUPCC use only: Banner ☐ EMR ☐ SS



BlueCrossBlueShield
of Alabama



BLUE CROSS
**PREFERRED
CARE**

An Independent Licensee of the Blue Cross and Blue Shield Association.

JOYCELYN R BOZEMAN
Contract Number

PPA822631310

Group Number

37655
HEALTH

R

Effective Date

04-20-2007

BS Plan BC Plan

510 010
PAC

AUBURN UNIVERSITY

- Medical providers file claims to the Blue Cross and/or Blue Shield Plan serving the area where the services are rendered. All other claims (including member filed) should be sent to Blue Cross and Blue Shield of Alabama at 450 Riverchase Parkway East, Birmingham, AL 35244-2858.
- For Preadmission Certification call 1 800 248-2342 or 205 988-2245 in Birmingham.
- Providers outside Alabama call your local Blue Cross and/or Blue Shield Plan for claim payment information and call 1 800 517-6425 for verification of benefits and eligibility.
- Members call 1 800 810-2583 for information about the nearest PPO provider.

CUSTOMER SERVICE
1 800 633-8052

All Blue Cross and Blue Shield Plans are Independent Licensees of the Blue Cross and Blue Shield Association.
ENR-407 (Rev. 6-2004)

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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CLIENT SERVICES: 866.697.8378

SPECIMEN: AL219236M

PAGE 1 OF 2

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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