

AUBURN UNIVERSITY's
Healthy Tigers Wellness Program
Office Visit Referral

Member Name/DOB: David Betz DOB 6/24/79 Banner ID Number: _____

On _____, this member was screened through the Auburn University's Healthy Tigers Wellness Program. Due to abnormal test results and/or certain identified risk factors indicated below, the member has been referred to you for further evaluation.

TEST	CATEGORY	RESULTS
BLOOD PRESSURE	☐ Systolic BP $\geq$ 160 mm Hg or Diastolic BP $\geq$ 100 mm Hg	____ / ____ mm Hg ☐ On Medication ☐ No Medication
GLUCOSE	☒ Random blood glucose $\geq$ 200 mg/dl	<u>220</u> mg/dl ☐ On Medication ☒ No Medication
ABNORMAL LIPID PROFILE	☐ Total cholesterol $\geq$ 250	TC _____ mg/dl HDL _____ mg/dl LDL _____ mg/dl Triglycerides _____ ☐ On Medication ☐ No Medication

CLAIMS FILING INSTRUCTIONS: File the claim for the member's office visit with BCBS for Auburn University's Group Number 37655. Use the appropriate CPT code for the office visit and **be sure to include the modifier "KX"** in order to be reimbursed at 100% of the fee schedule. **Do not collect an office visit co-payment from the patient.** Please follow the normal billing procedures for subsequent visits. The member will be responsible for any other applicable copays after today's visit.

Martha Schude AUTHORIZED REFERRAL OFFICIAL's SIGNATURE [Signature] PATIENT SIGNATURE

The above mentioned member was evaluated in my office on 2/21/24 (date) and was counseled regarding his/her health risk factor(s).

[Signature] Physician or Nurse Practitioner Signature Address: 7461 East Dr. Suite 102 36117
Phone Number: (334) 244-3281

Please return completed form to:

AUBURN UNIVERSITY PHARMACEUTICAL CARE CENTER (AUPCC)
Attention: Healthy Tigers Wellness 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