

AUBURN UNIVERSITY'S
Healthy Tigers Wellness Program
Office Visit Referral

Member Name/DOB:

Onisha Murray 6/20/93

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	<u>174 / 90</u> mm Hg ☐ On Medication ☒ No Medication
GLUCOSE	☐ Random blood glucose $\geq$ 200 mg/dl	<u>389</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: This patient subscribes to the AU High Deductible Health Plan. They may receive full coverage for a medical visit conducted pursuant to this referral provided that the care is billed to BCBS as a preventative service in those cases where it is clinically appropriate to do so. Use the appropriate CPT code for the office visit and **be sure to include the modifier "KX."** Please follow the normal billing procedures for subsequent visits.

Gale Farbell

AUTHORIZED REFERRAL OFFICIAL'S SIGNATURE

Onisha Murray

PATIENT SIGNATURE

The above mentioned member was evaluated in my office on 12/12/2025 (date) and was counseled regarding his/her health risk factor(s).

B. J. Leach

Physician or Nurse Practitioner Signature

Address: 7441 East Dr. Suite 102 Montgomery AL
Phone Number: (334) 249-3261

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