



Lab Testing at Health Care Provider's Office

Participant Instruction Form

As a TEL US employee, spouse, or domestic partner (DP) enrolled in the company medical plan you may choose the alternative of having your lab requirements for the Peak Health Nurse Coaching program performed at your healthcare provider's office.

The cost of this lab is determined by your provider and will be covered under your plan if properly coded as a preventive/wellness screening using ICD10 Code Z00.00.

If your provider bills under a different code, you may be subject to the cost of these labs.

The requirements of the Peak Health lab panel include:

- **Comprehensive Metabolic Panel:** Glucose, Albumin, Alkaline phosphatase, AST (SGOT), ALT (SGPT), Bilirubin, BUN, Creatinine, Calcium, Phosphorus, Protein, Sodium - CPT Code 80053
- **Lipid Panel:** Total cholesterol, LDL cholesterol, HDL cholesterol, Triglycerides - CPT Code 80061
- **TSH (thyroid test)** - CPT Code 84443
- **CBC with Differential:** (RBC, WBC, HGB, HCT, MCV, MCH, platelets, differential count) - CPT Code 85025

In order to prepare for the Peak Nurse Coaching visit, please **MAIL, FAX, or SCAN and EMAIL** this form and a copy of your test results as soon as possible to:

- **Mail:**
Peak Health Services, LLC
200 Pine Street W, First Floor, Wilson, NC 27893
- **Fax:** 252-237-7896
- **Email:** lab@peak-health.net

Incomplete or incorrect lab work will not complete the requirement of your Peak Health Nurse Coaching program. As a reminder, in order to qualify for your \$500 incentive, you must complete your online CPMH Health Assessment, Peak Health Registration, Biometric Lab Work and Peak Health Nurse visit(s).

Print Your Full Name: _____

Date of Birth (MM/DD/YYYY): ___/___/____ TEL Work Location (City/State): _____

***Optional:** During a telephonic nurse visit, you will be asked to verbally provide health measurements – including height (inches), weight (pounds), blood pressure, waist circumference (inches), and resting heart rate (beats per minute) – in order to assess body composition. These measurements must be current, and taken within two months of your appointment. Please ask your provider to enter your measurements below if you wish to use these during your next appointment:

Height (inches) _____ Weight (pounds) _____ Blood pressure _____/_____

Waist circumference (inches) _____ Resting heart rate (beats per minute) _____

THIS IS NOT A LAB FORM. DO NOT TAKE THIS LETTER TO A LABCORP PATIENT SERVICE CENTER.

If you have questions about TEL benefits, the CarePlus Mobile Health app/portal, incentives or rewards, please contact:

TEL Benefits Center: 1-800-952-3492 | telus@proviewbenefits.com