



LAB TESTING AT HEALTH CARE PROVIDER'S OFFICE
Telephonic Form for Spouse/DP, Remote & Select Employees

TEL members enrolled in the company medical plan may choose the alternative of having your lab requirements for the Peak Health Nurse Coaching program performed at your health care provider's office. If you are a TEL Employee or Spouse/DP in the list below, please use this form to complete your lab panel and participate in the program with your Peak Health Nurse telephonically:

TEL Work City/State	TEL Work City/State	Other
Albuquerque, NM	Hudson, MA Manassas, VA	Richmond, VA
Burlington, VT	Manassas, VA	All Medically-Enrolled Spouse/DPs
Colorado Springs, CO	Orlando, FL	All Remote Employees

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

LIPID PANEL: Total cholesterol, LDL cholesterol, HDL cholesterol, Triglycerides

TSH (thyroid test)

CBC with Differential: (RBC, WBC, HGB, HCT, MCV, MCH, platelets, differential count)

During the visit with your provider, please provide the following numbers for your Peak Health Nurse visit:

Weight: _____

Blood Pressure: _____

Heart Rate: _____

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

- **Mail:**
Peak Health
PO BOX 3014
WILSON, NC 27895
- **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 Nurse visit.

Print Your Full Name _____ Date of Birth _____

TEL Work Location (City/State) _____

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