

BEAUMONT EXECUTIVE HEALTH SERVICES

CORPORATE COVERAGE PROTOCOL

CORPORATION: _____

Address: _____

Contact Person(s) and Title: _____

Contact Person(s) and Title: _____

Telephone/Fax/Email: _____

MEDICAL INFORMATION

() Please send medical records to the attention of: _____

Note: No medical records will be released to anyone other than the client without his or her written authorization.

BILLING CONTACT(S) AND ADDRESS _____

SPECIFICATION OF TERMS AND CONDITIONS FOR CORPORATE COVERAGE

Beaumont Executive Health Services does *not* bill insurance directly. If additional medical follow-up is indicated in the opinion of the examining physician, our corporate policy is as follows:

1. () Our company will authorize and pay for *all* required services.
2. () It is *each* patient's responsibility to act on the physician's recommendation using his or her own private resources with his or her own personal physician.
3. () Our company will authorize additional testing based on the physician's findings at the time of examination.

MAXIMUM ALLOWABLE AMOUNT: _____ **Per Year**

EXECUTIVE HEALTH STANDARD EXAM

History and Physical Examination
Electrocardiogram
Pulmonary Function Testing
Hemocult Test
Basic Executive Blood Panel
PSA Test (men above age 35)
PAP Test (for women)
Urinalysis

BASIC IMAGING STUDIES

____ Chest X-ray (men/women above age 40)
____ Digital Mammogram (women above age 40)

GENERAL HEALTH EVALUATIONS

____ Eye Examination
____ Hearing Evaluation
____ Dietary/Nutrition Consultation
____ Personal Fitness Adviser

SPECIALTY TESTS AND PROCEDURES

____ DEXA Body Composition Analysis
____ DEXA Bone Mineral Density Test
____ Treadmill Stress Test
____ Echocardiogram (Rest or Stress)
____ MPI Stress Test
____ Vascular Screening
____ Carotid Duplex Doppler
____ CT Coronary Angiography
____ Premium Executive Blood Panel
____ Cardiac Risk Panel
____ Upper GI Series
____ Upper GI Endoscopy
____ Flexible Sigmoidoscopy
____ Screening Colonoscopy with Sedation
____ Screening Colonoscopy with Anesthesia
____ CT Colonography (Virtual Colonoscopy)

Signature: _____ Date: _____

(Current and Upcoming Year)