

MedWise Choice[®] Managed Care Program

Goals:

Promote Wellness

Comprehensive Diabetes Management

Individual Responsibility

Decrease Healthcare Costs

Increase Productivity

“Striving every day for a healthier workplace”

**Better Healthcare Management
Reduce Healthcare Costs**

Mission Statement:

To improve the health and well-being of employee's lives through diabetes management and health education that will result in improved employee productivity and healthcare cost savings for your company.

M

MedWise
A Diabetes Services Company

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The MedWise Choice[®] Managed Care Program is not intended to be a substitute for medical care or advice provided by a medical professional. MedWise assumes no responsibility for any circumstance arising out of the use, misuse, interpretation or application of any program information. Always consult with your medical professional for appropriate examinations, treatment and care recommendations.

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MedWise
A Diabetes Services Company

Delivering Diabetes Solutions

MedWise Choice[®] Managed Care Program



Welcome to *MedWise Choice*®



The objective of the MedWise Choice® program is to manage and reduce the health care costs of large organizations as related to diabetes care.

Educate

- Provide comprehensive educational program of diabetes as a disease process, its complications, self management skills and nutrition.

Involve

- Provide employees with diabetes tools, skills and techniques necessary to follow the prescribed treatment regimen safely, comfortably and accurately.

Comply

- Provide all necessary diabetes supplies and support for employees to remain in compliance with the program... *Easily, Timely, Consistently and Affordably.*

Who is Eligible for the Program?

- Employees and their covered dependents of any age who have been diagnosed with diabetes are enrolled in the *MedWise Choice® Managed Care Program* administered by MedWise.

Program Requirements

- Diabetes Supplies will only be covered by mail order through MedWise. (Information provided on Employees Insurance ID card.)

Easy Steps To Get Started

- *MedWise Choice*® is provided a complete list of employees and their covered dependents.
- Employee and covered dependent program enrollment process begins.
- Scheduled diabetes supplies delivered upon completion of enrollment.

Rapid Enrollment Process

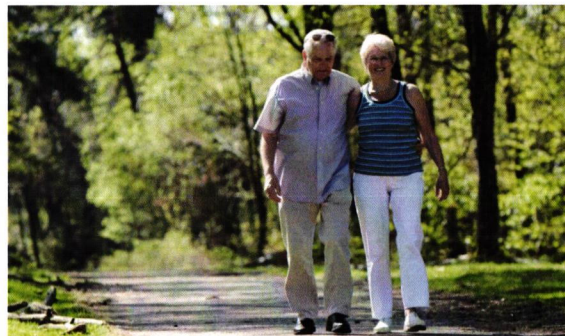
- We realize that employees cannot be away from work. Using a "simplified enrollment process" we streamline the enrollment process to achieve maximum efficiency.

Turn-key Program

- *MedWise Choice*® provides employers with a comprehensive diabetes educational and wellness program including reductions in healthcare costs and handles all of the details necessary to provide your employees with a positive experience.

Quality Programs with Proven Experience

- *MedWise Choice*® offers one of the highest quality diabetes educational and wellness programs found in the United States. The MedWise Team has more than 20 years experience in providing these programs to major employer groups and corporations nationwide.



High Risk Employees

We provide employees that are at a high risk that experience chronic diabetes episodes and employees diagnosed with diabetes and high blood pressure additional diabetes management wellness tools.

Option to send results to Primary Care Physician

An integral part of the *MedWise Choice*® program is the link to Tele-Health technology. Qualified Employees can opt-in to our MedWise Tele-Health Program. MedWise has technology that reports employee's blood sugar and blood pressure readings directly into our HIPAA compliant information management systems allowing Primary Care Physician and/or specialist, direct access to the electronic medical record anytime. We have had tremendous success with this program having worked with more than 3,000 physicians nationwide.

The Bottom Line

The bottom line is your bottom line. Since 1999, healthcare costs have risen significantly at a rate of about 6% - And healthcare costs will effectively double between 1999 and 2013. Why are costs rising? Unhealthy lifestyles resulting in increased incidence of diabetes is the primary causative factor. The incidence of Type 2 diabetes has risen from 2.9% in 1990 to 10% in 2011 with reported healthcare costs of someone with diabetes at \$21,744. We find an average of 10% of employees have diabetes.

Summary

Based on nationwide data, as many as 10% of your employees are living with diabetes and are at risk for serious health concerns. Can you afford it?

MedWise Choice® will go to work for your company today to provide immediate reductions in employee healthcare costs while seamlessly delivering a comprehensive diabetes management and wellness program resulting in a healthier workforce.



Exemplary Provider™ Accreditation Award

1-800-596-4465
MEDWISE CHOICE DIABETES PLAN
INDIVIDUAL ENROLLMENT FORM

COMPLETE THE ENTIRE ENROLLMENT
FORM RETURN BY FAX: 832-230-5802

PATIENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____
BIRTH DATE: _____ SS #: _____ MALE FEMALE
HOME PHONE: _____ ALTERNATE PHONE: _____
RESIDENCE STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

GROUP INSURANCE COMPANY / PLAN INFORMATION:

INSURANCE COMPANY / PLAN CARRIER: _____
INSURANCE / PLAN CUSTOMER ID NUMBER: _____
INSURANCE / PLAN CUSTOMER GROUP NUMBER: _____

PRIMARY TREATING DIABETES PHYSICIAN:

PHYSICIAN NAME: _____
PHYSICAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DATE OF LAST VISIT: _____ FAX: _____

HEALTH INFORMATION:

ARE YOU INSULIN DEPENDENT? YES NO
DO YOU USE A: SYRINGE INSULIN PEN SHORT NEEDLE LONG NEEDLE
HOW MANY TIMES DAILY DO YOU CHECK YOUR BLOOD GLUCOSE? _____ TIMES DAILY
DO YOU CURRENTLY HAVE A MONITOR? YES NO IF YES, WHAT BRAND MONITOR? _____
CURRENT DIABETIC SUPPLIER: _____ DATE LAST RECEIVED SUPPLIES: _____

I authorize the release of any medical or other information necessary for MedWise to process and submit my claims. I authorize payments for medical supplies furnished to me by MedWise be paid directly to them. I agree that if any insurance company sends me the payments, I will send all of the payments received directly to MedWise as soon as I receive them. I understand my insurance payments for the supplies belong to MedWise. I understand that using the insurance payments for anything other than paying for my supplies is against the law. I authorize MedWise to contact me at periodic intervals to determine my need for supplies.

YOUR SIGNATURE: _____ TODAYS DATE: _____
CITY: _____ STATE: _____ ZIP: _____

PLAN AGENT/PRODUCER SECTION ONLY:

ACCOUNT AGENT: _____ AGENT/PRODUCER ID#: _____

RETURN BY FAX: 832-230-5802

WEBSITE: www.medwise.us
E-MAIL: customerservice@medwise.us

MAIL: 350 NORTH SAM HOUSTON PKWY E
STE 271
HOUSTON, TEXAS 77060



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MEDWISE PLAN DE ELECCION FORMULARIO INDIVIDUAL PARA DIABETES

**COMPLETE EL FORMULARIO DE
INSCRIPCION ENVIE POR FAX: 832.230.5802**

INFORMACION DEL PACIENTE:

APELLIDO: _____ PRIMER NOMBRE: _____ INICIAL DE SEGUNO NOMBRE: _____

FECHA DE NACIMIENTO: _____ SS #: _____ VARON HEMBRA

NUMERO DE TELEFONO: _____ TELEFONO ALTERNATIVO: _____

DOMICILIO: _____

CIUDAD: _____ ESTADO: _____ CODIGO POSTAL: _____

INFORMACION DE SEGURO MEDICO /PLAN DE COBERTURA:

NOMBRE DE SEGURO MEDICO / PLAN DE COBERTURA: _____

NUMERO DE IDENTIFICACION DE SEGURO MEDICO O PLAN DE COBERTURA: _____

NUMERO DE TELEFONO DEL SEGURO PARA VERIFICAR PLAN O COBERTURA: _____

INFORMACION DEL DOCTOR PRINCIPAL DE CONTROL DE DIABETES:

NOMBRE DEL DOCTOR: _____

DIRECCION FISICA: _____

CIUDAD: _____ ESTADO: _____ CODIGO POSTAL: _____

FECHA DE VISITA MAS RECIENTE: _____ TELEFONO: _____ FAX: _____

INFORMACION DE SALUD:

DEPENDE USTED DE INSULINA? SI NO

USA USTED: JERINGA PLUMA DE INSULINA AGUJA CORTA AGUJA LARGA

CUANTAS VECES AL DIA SE EXAMINA EL NIVEL DE GLUCOSA? _____ VECES DIARIO

TIENE USTED UN MONITOR DE GLUCOSA? SI NO SI RESPONDIO SI, QUE MARCA ES? _____

PROVEEDOR DE MATERIALES DIABETICOS VIGENTE: _____

FECHA RECIENTE EN CUAL RECIBIO MATERIALES: _____

Autorizo a Medwise obtener cualquier formulario o expedientes necesarios para procesar y someter mis pedidos. Autorizo que los pagos para mis materiales diabeticos sean hechos directamente a Medwise. Acepto responsabilidad para mandar a Medwise pagos equivocados hechos a mi nombre. Autorizo a Medwise para que me contacten periodicamente despues de inscribirme con el programa para determinar mis necesidades en cuanto mis materiales diabeticos que seran enviados a mi domicilio.

FIRMA: _____ FECHA: _____

CIUDAD: _____ ESTADO: _____ CODIGO POSTAL: _____

ESTA SECCION ES PARA EL AGENTE DE EL PLAN/ PROVEEDOR:

AGENTE/PROVEEDOR: _____ ID # DE AGENTE/PROVEEDOR: _____

ENVIE POR FAX: 800-215-4840 WEBSITE: www.medwise.us
832-230-5802 E-MAIL: customerservice@medwise.us

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