

# 2017 PASSPORT TO HEALTH<sup>™</sup> BIOMETRIC VOUCHER

Thank you for participating in the PASSPORT to HEALTH<sup>™</sup> wellness program, sponsored by Lannett Company, Inc. & Attentive Health LLC. Enclosed you will find a voucher to complete your biometric screening at a LabCorp location near you. Please review the following instructions carefully.

### **Biometric Screening Deadline**

To use this voucher, please schedule your screening between July 22 and August 5, 2017.

# LabCorp Voucher Instructions

Enclosed you will find detailed instructions about how to make an appointment and how to fill out your voucher. Please review these instructions carefully and **BRING YOUR VOUCHER WITH YOU** to your appointment at a LabCorp location.

# **Questions?**

If you have any questions, please contact Attentive Health at 877.269.9754. If you would prefer to get your biometric screening at your primary health care provider, please contact Attentive Health to request a Physician's Form.

# **Frequently Asked Questions**

# Can I eat prior to my health screening?

No. Fasting is required for this health screening. You should <u>drink plenty of water</u> during the 24-48 hours leading up to the event and <u>eat or drink nothing other than water for at least 8 hours prior</u> to your appointment time (10-12 hours is preferred).

#### Will my health information be held confidential?

Yes. By law, Attentive Health must protect your privacy in these matters and will hold all information confidential. No individual information will be disclosed without your written permission. Attentive Health will prepare a company-wide group aggregate report illustrating the top health risk categories, but no personal information will be contained in that report.

#### Are the results accurate?

LabCorp adheres to the most stringent guidelines for quality control and assurance. The technology behind the testing performed is very accurate with a minimal margin of error.

#### I don't like to have blood drawn. Will this test hurt?

No. While some people are a little more apprehensive to have a full venipuncture blood draw, they usually find it can actually be less painful than the finger-prick technology. The key is to *drink plenty of water* and stay as relaxed as possible. The phlebotomists who will be drawing your blood understand the apprehension participants have and will be careful and compassionate in their service.

# LABCORP VOUCHER INSTRUCTIONS

#### FOR PARTICIPANT USE ONLY

#### This voucher can ONLY be used from July 22 – August 5, 2017.

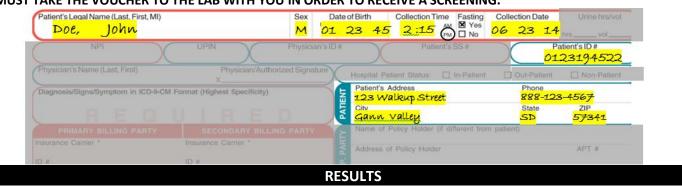
Thank you for participating in the **Lannett** screening program. As part of the program, participants who are not able to attend the onsite health screening can receive a free screening at a LabCorp facility. The screening will consist of a venipuncture blood draw for cholesterol and blood glucose.

#### **STEP 1: FIND A FACILITY**

Vouchers are redeemable only at LabCorp facilities. You will not be allowed to have the screening test without the voucher. Expect the screening to take approximately 15 – 20 minutes. To locate the nearest facility and schedule an appointment, visit www.labcorp.com/findalab. Enter your home city and/or zip and select "**Routine Phlebotomy**" from the service options to search for the nearest locations. On the next page, select "Schedule an Appointment" at your preferred clinic. Fill in your appointment details, selecting "**Labwork (Routine Clinical)**" as your reason for testing. Appointments are encouraged, although walk-ins are accepted on a first come, first serve basis.

#### **STEP 2: COMPLETE VOUCHER FORM**

On the attached voucher, fill in the following **required** information (first and last name, sex, date of birth, time, fasting ["**Yes**" if you have NOT eaten nor had anything other than water to drink in the past 8+ hours), date, address, and phone number], indicated by the un-shaded area below. **YOUR PATIENT ID IS THE** FIRST FOUR LETTERS OF YOUR LAST NAME PLUS THE LAST 4 NUMBERS OF YOUR SOCIAL SECURITY NUMBER (i.e. ABCD1234). All other information can be left blank. **YOU** MUST TAKE THE VOUCHER TO THE LAB WITH YOU IN ORDER TO RECEIVE A SCREENING.



You will receive a hard copy of your results in the mail. If you have not received your results within four weeks of your screening, please contact <a href="mailto:support@wellnesscorporatesolutions.com">support@wellnesscorporatesolutions.com</a>.

**CONSENT:** I understand that the purpose of my health screening is to help evaluate my health status and any potential health risks. I hereby request and authorize Wellness Corporate Solutions, LLC to transmit health information about me to the health management companies that provide services to my employer so that these companies may help me reduce, manage and/or control any such risks. I understand that Wellness Corporate Solutions, LLC is not responsible for diagnosing, treating, or preventing any medical disease or condition that I currently have or may have in the future. I also understand that Wellness Corporate Solutions, LLC will not give me medical advice and that I must seek such advice from my own physician. I understand that Wellness Corporate Solutions, LLC will not provide my employer any health information that identifies me. I acknowledge and agree that Wellness Corporate Solutions, LLC may provide my employer aggregate statistical health information which includes my health information. I understand that Wellness Corporate Solutions, LLC may also use my health information for its own internal business purposes such as to develop future wellness programs or for industry research. Finally, I understand that I may faint, bruise, or have other effects as a result of my blood being drawn. I voluntarily agree and consent to participate in the health screening and accept and assume all risks associated with such participation. By using this voucher, I acknowledge that it is my sole responsibility to: (a) contact support@wellnesscorporatesolutions.com if I have not received my test results within 4 weeks of my screening and (b) follow-up with my physician to discuss my test results. I hereby release and forever discharge Wellness Corporate Solutions, LLC, and its affiliates, and each of their respective owners, employees, and agents from any and all claims, demands, actions, and damages, including attorney's fees and costs, arising out of or in any way related to my participation in the health screening.

# FOR LABCORP USE ONLY

- If you have any questions about using the voucher, please call LabCorp at 800-833-3934.
- Fasting is not required by this client. Do not turn anyone away for not fasting. Please mark Fasting or Non-Fasting.
- If you are unable to locate the account number in your LCM, please contact your Supervisor for assistance.
- Only screen for tests indicated on the LabCorp voucher. DON'T ask participant which tests they want to receive.

To find the near service center, labcorp.com or LABCORP (884	rest patient visit www. call 888- 3-522-2677)	Lannett c/o Wellness Co LABCORP WELLNESS 7617 Arlington Road Bethesda MD 20814 866-827-8046		Gran Grand Fax	Send additional copy of re Client Number Physician c Physician's Address		( ) Prione Pac Rumboi City State Zp	070
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Draw dates: 7/22/2017- 8/5/2017

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