# **DEAR INSURANCE APPLICANT**

As part of your application for insurance, a brief medical report about you is required. This report will be completed by a professional examiner from American Para Professional Systems.

APPS is a national paramedical company approved by over 800 insurance companies. You can be assured that APPS examiners are trained medical professionals who will handle your exam in a courteous and discreet manner.

#### WHAT, WHEN AND WHERE

An examiner from APPS will contact you to schedule an appointment at your earliest convenience. This meeting may take place at your home, your office, our office or any other appropriate place. When the examiner contacts you, he/she will discuss exactly what will be done.

Some possibilities are:

### • Paramedical Report (20 minutes)

A two page questionnaire asking for complete medical history, vital signs (height, weight, blood pressure, pulse) and a urine sample. **Be prepared** to answer questions regarding your family's medical history.

# • Blood Profile (10 minutes)

Blood will be drawn from your arm or your finger as required by the insurance company. A urine specimen also is collected. Only sterile, disposable needles and supplies are used. This blood profile will be sent to a laboratory designated by your insurance company. Results are sent directly from the lab to your insurance company's home office. **APPS never learns of any test results**.

# • Electrocardiogram (20 minutes)

Also known as an EKG or an ECG. This is a painless procedure that requires electrodes be placed on bare skin on your chest, arms and lower legs. You will need to lie flat, in a relaxed position, in a location without any large electrical appliances running. (Some appliances can cause distortions in the EKG tracings.) Privacy will be required, as you will need to partially disrobe.

## • Physician Exam (25 minutes)

In addition to the elements in the paramedical report, our doctor will also perform a brief physical exam. The insurance company defines the parameters of the exam.

#### • Treadmill EKG (60 minutes)

This is not a mobile test. If one is needed, we will help you make an appointment at a doctor convenient to you.

#### • X-Rays (15 to 40 minutes)

This is not a mobile test. If one is needed, we will help you make an appointment at a doctor convenient to you.

#### **COMMON QUESTIONS**

**Why Me?** This is a routine part of your insurance application

**How much will it cost?** This work is performed at no cost to you. The insurance company pays all costs.

# A FEW SUGGESTIONS TO HELP SAVE YOU TIME AND

# **OBTAIN ACCURATE RESULTS**

• Please have your **physicians' names** and addresses available as well as dates and reasons for past visits, especially those within the last five years.

• Please **drink a glass of water** one hour or so prior to the appointment to facilitate providing a urine specimen.

• Prior to the appointment:

**Avoid smoking** and **strenuous activity/exercise** for 2 hours; **alcoholic beverages** and **nasal decongestants** for 24 hours.

• If a **fasting blood profile** is required, you will be notified when the appointment is scheduled. During the fast you may consume water, black coffee and/or tea with no sweeteners.

• Have a **picture ID** (preferably a driver's license) available.

• If you have any **hypertensive tendencies**, try to schedule your appointment for a relaxed time.

• Wear a garment that is **short sleeved** or has sleeves that can be easily rolled up.

• If you may require a **large blood pressure cuff** tell the examiner when scheduling the appointment.

### ALL INFORMATION OBTAINED DURING THE EXAM IS STRICTLY CONFIDENTIAL



# **OUR COMMITMENT**

To provide you with a convenient and comfortable medical exam

If you have any concerns or questions please call us. Your comments are important to us

For best results, try to relax for at least **1 hour** prior to the exam

Call APPS if you have been advised **NOT** to fast due to medical reasons

Everybody has their priorities **YOU'RE OURS** 

APPOINTMENT INFORMATION
Date:
Time:
Place:
Examiner:
Examiner's Phone:

# REGIONAL OFFICES SERVING

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PLEASE CONTACT THE APPROPRIATE APPS OFFICE IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT WHAT YOU SHOULD KNOW ABOUT THE MEDICAL PORTION OF YOUR INSURANCE APPLICATION



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