

EXAMINATION MANAGEMENT SERVICES, INC.
Customer Specifications

ACCT. #: 2878

COMPANY: Genworth Life Ins. Co.
ADDRESS: P.O. Box 461
Lynchburg, VA 24505

PHONE: 434-845-0911

FAX #: _____
FAX EXAMS: _____

MAIL EXAM TO: Clinical Reference Laboratory*
BLOOD TO: Clinical Reference Laboratory*
URINE TO: Clinical Reference Laboratory
DIPSTICK SPECIMEN: No MOUNT EKG: Yes

APPROVED FOR: PARAMED X
PHYSICIAN X
PH _____
APS X†

ORDER SUPPLIES FROM: FOLD
APPROVED PHYSICIAN: _____
ANY LICENSED PHYSICIAN: X MD in FP, GP, CD, and IM

MILEAGE: No

***MAILING INSTRUCTIONS:**

1. Send the exam and related items to CRL in the blood &/or urine kit.
2. If the agent specifies that the exam be sent to Genworth Life and Annuity Ins. Co. in Richmond, VA (GELIAC) instead, proceed as directed.

***BLOOD PROFILES:** This customer prefers that Blood Profiles be 12 hours fasting. However, do not delay the blood draw if the applicant has not fasted.

†APS's:

1. APS's are credited to the branch at 100% of the flat rate as shown below. The flat rate price includes the service fee and the doctor's fee and is the absolute price regardless of the amount paid to the doctor.
2. Scan all APS records into ECHO. ECHO and Imagine will now automatically transmit these records to Genworth.

RATE EXCEPTIONS

PARAMED SERVICES:

37.58	Paramed Exam (Code #5)	42.73 (Code #2)	Recheck
39.15	Blood Profile with HOS without Paramed Exam (Code #229)	57.13 (Code #1018)	**Abbreviated Paramed Exam
60.93	Blood Profile (no HOS) without Paramed Exam (Code #1126)	35.73 (Code #2018)	Paramed Exam + Blood Profile
92.70	DBS without Paramed Exam (Code #160)	37.70 (Code #5085)	Paramed Exam + Blood Profile + EKG
426.45	EKG with Paramed Exam (or Other Services) (Code #364)	31.03 (Code #123)	Paramed Exam + Blood Profile + Treadmill
65.80	EKG without Paramed Exam (Code #257)	47.43 (Code #4)	Paramed Exam + DBS
87.18	HOS Collection without Paramed Exam (Code #366)	30.78 (Code #15)	Amplified Blood Profile Collection + EKG
39.15	HOS(HIV) Collection without Paramed Exam (Code #23)	30.78 (Code #216)	Special Questionnaire without Paramed Exam
N/C	Saliva Collection without Paramed Exam (Code #490)	33.60 (Code #409)	Application Service with Other Services
N/C	Amplified Blood Profile Collection (Code #439)	55.78 (Code #1120)	Application Service without Other Services
N/C	Amplified DBS Collection (Code #437)	44.95 (Code #5121)	Duplicate Recording of Measurements
N/C	Amplified HOS Collection (Code #67)	36.40 (Code #749)	Faxing

MD SERVICES:

15.00	(Code #344)		Disability Rider with Other Services
41.65	MD Exam + Blood Profile (Code #345)	120.45 (Code #324)	Disability Rider without Other Services
29.63	MD Exam + Blood Profile + Treadmill (Code #273)	482.95 (Code #327)	Sr Assessment with Other Services
55.00	Treadmill (without Paramed or MD Exam) (Code #274)	337.40 (Code #31)	Sr Assessment without Other Services
55.75	X-Ray (2 views) (Code #402)†	137.55 (Code #93)	Attending Physician Statement (Non Imaged)
55.75	MD EKG (Code #401)†	31.40 (Code #14)	Attending Physician Statement (Imaged)

****ABBREVIATED PARAMED EXAM:** Use this service

only if specifically
1900, or Part II, or
of health history
(no urine collection

requested. The customer's terminology is PAR
Part II without any other service. It consists
and signatures only on the customer's exam form
no measurements).

LIFE REQUIREMENTS: See page 2.

EFFECTIVE DATE: Immediately

REVISED: 11-02-09 MF/mf

REASON: APS

PARAMED - LIFE

+ BLOOD PROFILE		BASIC +	BASIC +	BASIC + EKG +	BASIC + EKG
DUP REC OF MEAS† +	BASIC + HOS +	DBS WITH HOS +	BLOOD PROFILE WITH	BLOOD PROFILE WITH	WITH HOS +
AGE* NONMED	DUP REC OF MEAS†	DUP REC OF MEAS†	HOS + DUP REC OF MEAS†	HOS + DUP REC OF MEAS†	SR ASSMT††
0-17	0-500,000	500,001-2,000,000	2,000,001 & UP	NONE	NONE
18-39	NONE	NONE	NONE	0-5,000,000	NONE
40-49	NONE	NONE	NONE	0-1,000,000	1,000,001-5,000,000
50-59	NONE	NONE	NONE	0- 299,999	300,000-5,000,000
60-69	NONE	NONE	NONE	NONE	0-5,000,000
70&OVER	NONE	NONE	NONE	NONE	NONE

*AGE: Underwriting requirements for this customer are based on age at the applicant's nearest birthday.

†DUPLICATE RECORDING OF MEASUREMENTS: Record measurements on both the lab ID/Authorization form and the customer's exam form.

††SR ASSESSMENT: This is a Supplemental Examiner's Report for Age 70 and Over in the customer's terminology. Complete the customer's

Supplemental Exam Report #44737 (#44737 NY in New York) and send it with the completed exam to the lab only.

PHYSICIAN - LIFE

AGE*	**MD EXAM + EKG + BLOOD PROFILE WITH HOS + DUP REC OF MEAS†	**MD EXAM + EKG + BLOOD PROFILE WITH HOS + DUP REC OF MEAS† + SR ASSMT†††	**MD EXAM + TREADMILL†† + BLOOD PROFILE WITH HOS + DUP REC OF MEAS†	**MD EXAM + TREADMILL†† + BLOOD PROFILE WITH HOS + DUP REC OF MEAS† + SR ASSMT†††
0-17	SEE PARAMED CHART			
18-39	5,000,001 & UP	NONE	NONE	NONE
40-49	5,000,001-10,000,000	NONE	10,000,001 & UP	NONE
50-69	NONE	NONE	5,000,001 & UP	NONE
70	NONE	NONE	NONE	5,000,001 & UP
ONLY				
71&OVE	NONE	5,000,001 & UP	NONE	NONE

*AGE: Underwriting requirements for this customer are based on age at the applicant's nearest birthday.

**MD EXAM: Do not perform a breast, rectal, genital, or prostate exam on the applicant. Just ask the questions of the applicant

and record the answers. Note on the exam form that the answers to those questions are based on the applicant's comments and that

no actual exam of those systems was done.

†DUPLICATE RECORDING OF MEASUREMENTS: Record measurements on both the lab ID/Authorization form and the customer's exam form.

††TREADMILL EKG: Between the ages of 60-70, if there is any known Coronary Artery Disease (by history given or advised by the requestor), complete a resting EKG instead.

†††SR ASSESSMENT: This is a Supplemental Examiner's Report for Age 70 and Over in the customer's terminology. Complete the customer's

Supplemental Exam Report #44737 (#44737 NY in New York) and send it with the completed exam to the lab only.