

EXAMINATION MANAGEMENT SERVICES, INC.
Customer Specifications

2122 (Exam)
ACCT. #: 2825 (APS Only)

COMPANY: Prudential Select Brokerage
ADDRESS: Life New Business
P.O. Box 7426
Philadelphia, PA 19101

PHONE: 800-778-5611
FAX #: _____
FAX EXAMS: _____

MAIL EXAM TO: See Below*
BLOOD TO: Clinical Reference Laboratory
URINE TO: Clinical Reference Laboratory
DIPSTICK SPECIMEN: No MOUNT EKG: No
ORDER SUPPLIES FROM: FOLD
APPROVED PHYSICIAN: _____
ANY LICENSED PHYSICIAN: X Board Eligible FP, IM, or CD

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

MILEAGE: No

YOU MUST ALWAYS DETERMINE WHETHER A TELE-UNDERWRITING (EXPRESS, PXB, QUICK, OR ELECTRONIC) PROCEDURE OR A TRADITIONAL (PAPER APPLICATION) UNDERWRITING PROCEDURE IS BEING USED AS THIS DETERMINES THE CORRECT REQUIREMENTS. ALL CASES MUST BE AUTO-DIAGNOSTED TO DETERMINE THE CORRECT REQUIREMENTS. THE BROKER IS NEVER ALLOWED TO SPECIFY SERVICES DIFFERENT THAN THOSE SHOWN WITHOUT APPROVAL OF PRUDENTIAL'S HOME OFFICE IN PHILADELPHIA AT 800-778-5611. YOU WILL NOT BE PAID FOR SERVICES DIFFERENT THAN THOSE SHOWN WITHOUT SUCH APPROVAL. ONLY CALL APPLICANTS BETWEEN 8:00AM-9:00PM IN THEIR LOCAL TIME ZONE UNLESS SPECIFICALLY REQUESTED OTHERWISE BY THE APPLICANT OR AGENT. EXAMINERS SHOULD NEVER COLLECT A CHECK FROM PRUDENTIAL APPLICANTS.

EXAMINER INSTRUCTIONS:

- When completing the CRL lab slip, you must complete all agent identifying information at the top of the slip under the section titled insurance company information. Full name of the Agent, Agency Name, and Phone # are required. The Agent's phone number should be entered next to the Agency name.
- For the Part 2 exam form, Prudential requires we use their state form that corresponds to the application signature state. For the HIV consent form use their state form that corresponds to where the specimen is actually being collected.
- Prudential will not allow the Paramed company to copy over the exam details from another carriers form onto the Prudential form.

BILLING/ID REQUIREMENTS: The applicant's social security number and date of birth must be shown on the billing voucher. Additionally, the Prudential Select office code # must be shown on the billing voucher as well as the blood and/or urine ID/Authorization form. (This is a 3 or 4 digit alpha code, i.e. DTX or ABRX or MJ_X.) Refuse any request for which you are not able to secure this information.

Also include the policy number, or application number.

NOTE: This customer will not pay for any services if the broker does not submit the application to them. Always ask the requestor if the application will definitely be submitted to Prudential Select. (If asked, it is satisfactory to tell the requestor why you are asking.) Refuse the request if the broker can't assure you that the application will be submitted to Prudential Select.

***MAILING INSTRUCTIONS:**

- Mail the exam and related items to the lab.
- Do not mail X-Ray films to Prudential. Send radiologists report to the lab.
- Only when a Recheck (Paramed Recheck on the customer's Modified Examination Form) is auto diagnosed, send it to the lab even though no specimen is being sent.
- ECHO Scan or ECHO Fax.
- For APS's. ECHO Scan or ECHO Fax all APS records.

AMPLIFIED HOS, AMPLIFIED HOS (HIV), & AMPLIFIED BLOOD PROFILE: In addition to blood &/or urine collection, complete height, weight, pulse, and 3 blood pressure readings on the lab ID/Authorization form.

CHEST X-RAY:

- Applicants will go to a board certified radiologist (coordinated by EMSI).
- A board-certified or board-eligible radiologist will provide a report to Prudential (actual x-rays should not be submitted to Prudential). The report should include Applicant's full name and policy number.

EKG'S: Prudential requires the below data on all EKG tracings:

- Applicant's first and last name (printed)
- Policy number if available
- Applicant's DOB
- Insurance company name
- Applicant's signature on Lead 1 tracing
- Examiner's signature
- Print examiner's name and title
- CRL bar code

EXAM FORMS: See page 3.

FOREIGN SPEAKING APPLICANTS:

- Use an examiner that speaks the applicant's language whenever possible.
- If such an examiner is unavailable, a family member of the applicant may be used as an interpreter ONLY if a Paramed Exam or MD Exam is NOT required.
- If a Paramed Exam or MD Exam is required, refer the case to LaDell Moore at Partners Plus at 1-800-872-3674, Ext. 3172.

INFORMED CONSENT FORMS: This customer has asked us to obtain an "Informed Consent and Authorization for HIV Antibody Testing" form in those states where it is required. If your state requires this form, use the customer's consent form available from FOLD. If the applicant refuses to sign, **DO NOT DRAW BLOOD**. Notify the agent or customer's home office. Always print the applicant's name clearly, affix a barcode (required), and write the policy number, when available, on the form.

If the examiner fails to obtain the required HIV Consent Form at time of exam, and the applicant wants us to mail the form for the signature, please use the Pru-HIV Letter, available from FOLD, to accompany the appropriate HIV Consent Form. You will need to add the required information on the letter that is highlighted in yellow before printing.

RATES & FEE LIMITS: See page 2.

SPECIAL REQUIREMENTS FOR EXAMS PERFORMED FOR MULTIPLE COMPANIES: See page 3.

APS INFORMATION: See page 3.

EFFECTIVE DATE: Immediately

REVISED: 06-01-10 MF/mf

REASON: Excess Fees

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RATE EXCEPTIONS AND FEE LIMITS

INDIVIDUAL RATE EXCEPTIONS:

Paramed Exam	30.68 (Code #2)
Blood Profile with Paramed Exam (or Other Services)	22.10 (Code #127)
Blood Profile without Paramed Exam	35.28 (Code #1018)
DBS without Paramed Exam	35.65 (Code #5085)
Amplified Blood Profile Collection	52.78 (Code #1120)
Amplified DBS Collection	50.85 (Code #5121)
Amplified HOS Collection	28.80 (Code #749)
Amplified HOS(HIV) Collection	28.43 (Code #217)
EKG with Paramed Exam (or Other Services)	23.93 (Code #123)
EKG without Paramed Exam	43.03 (Code #4)
HOS Collection without Paramed Exam	27.33 (Code #15)
HOS(HIV) Collection without Paramed	27.33 (Code #216)
Recheck	27.68 (Code #5)
Application Service with Other Services	N/C (Code #490)
Application Service without Other Services	N/C (Code #439)
Attending Physician Statement	19.75 (Code #8)

INDIVIDUAL FEE LIMITS:

MD Exam	86.60 (Including AK, HI, Guam, & Puerto Rico)
MD Heart Chart	86.60
X-Ray	80.80

COMBINATION RATE EXCEPTIONS:

Paramed Exam + Blood Profile	56.43 (Code #1126)
Paramed Exam + DBS	56.80 (Code #5203)
Paramed Exam + EKG	58.75 (Code #207)
Paramed Exam + EKG + Blood Profile	83.30 (Code #1160)
Paramed Exam + EKG + DBS	82.00 (Code #5258)
Amplified Blood Profile + EKG	77.53 (Code #366)
Amplified DBS + EKG	77.60 (Code #261)
Amplified HOS + EKG	54.10 (Code #260)
Blood Profile + EKG (no Exam)	66.15 (Code #1198)
DBS + EKG (no Exam)	65.90 (Code #5198)
Recheck + EKG	66.00 (Code #262)

COMBINATION FEE LIMITS:

MD Exam + HOS	86.80 (Code #263)
MD Exam + Blood Profile + HOS	129.10 (Code #1324)
MD Exam + DBS + HOS	128.70 (Code #266)
MD Exam + EKG + HOS	144.15 (Code #1325)
MD Exam + X-Ray + HOS	144.15 (Code #264)
MD Exam + EKG + Blood Profile	186.45 (Code #1326)
MD Exam + EKG + DBS	186.15 (Code #1454)
MD Exam + DBS + X-Ray	138.60 (Code #265)
MD Exam + Blood Profile + X-Ray	138.90 (Code #1334)
MD Exam + EKG + X-Ray + Blood Profile	183.70 (Code #1332)
LTD MD Exam (Including AK, HI, Guam, & Puerto Rico)	86.60 (Code #338)
LTD MD Exam + Blood Profile + HOS	129.10 (Code #336)
LTD MD Exam + EKG + Blood Profile	186.45 (Code #337)
LTD MD Exam + EKG + X-Ray + Blood Profile	183.70 (Code #334)

NOTE: Prudential will not approve fees over the contracted rates under any circumstances.

CANCELLATION/REFUSAL FEE: This customer WILL NOT pay a cancellation/refusal fee under any circumstances.

SPECIAL REQUIREMENTS FOR EXAMS PERFORMED FOR MULTIPLE COMPANIES: When handling a request in which Prudential Select Brokerage is one of two or more companies for which you are arranging an exam, the following rules apply.

1. Prudential Select Brokerage will only pay for their proportionate share of the cost for the services which they require based on the number of companies involved. For example, if Prudential Select Brokerage requires an MD Exam, blood & urine, and there are 3 companies involved, charge only for 1/3 of the MD Exam, blood & urine (observing the fee limits shown below, if any). You may also charge \$1 per page for any photocopies required. If other services, such as an X-ray, are being provided for the other companies and Prudential Select Brokerage does not require those services, do not charge for any portion of those other services. However, see #2 below.
2. If Prudential Select Brokerage only requires a resting EKG and the other company or companies require a Treadmill EKG, Prudential Select Brokerage will pay for their share of the Treadmill EKG (instead of a resting EKG). Charge a proportionate share of the Treadmill EKG to Prudential Select Brokerage and send a copy of the Treadmill EKG.
3. Prudential Select Brokerage will accept blood and/or urine results from a lab other than CRL which is being used for other companies. Do not complete a separate lab ID/Authorization for Prudential Select Brokerage. Just add their name to the existing lab ID/Authorization form.
4. Prudential Select Brokerage will accept photocopies of the other company's exam form, photocopies of EKG's, Treadmill EKG's, TVC's, etc.
5. Do not take multiple sets of X-rays. Identify the insurance company, including name, address, and telephone number, to which the X-rays are being sent. Prudential Select Brokerage will make arrangements to secure X-rays from the other company. (This customer normally requires 2 views, PA & LL.)
6. If Prudential Select Brokerage is the only company requiring a particular service (for instance, an X-ray), charge all

†APS'g: Contact Sheila Kelly at 215-784-2089 for fee approvals. Be sure to indicate you are with EMSI and state your reason for calling. Also document the name of the person giving the approval. Excess fees billed will be charged back against your office without authorization from the customer. Email authorization approvals should go to sheila.kelly@prudential.com. The subject line should include the applicants name and billing voucher number. The message should include the name of the person approving the fee. For Prudential to consider excess med fees, they will require the page count and the face amount of the applicant. Also, Prudential will pay only when they receive and application and receive the medical records prior to the case being placed or closed in underwriting. Note: Proof of copy fees (aka: facility invoice, cancelled check, etc.) must be scanned as "FOR INTERNAL USE" only doc type.

INFORMED CONSENT FORMS

FORM# ORD 88624AZ Ed 9/2003: AZ	FORM# ORD 86834 Ed 98 Rev 9/2003: NH
FORM# ORD 88624AR Ed 9/2008: AR	FORM# ORD 88624NJ Ed 9/2008: NJ
FORM# ORD 88624CA Ed 12/2003: CA	FORM# ORD 88624NY Ed 9/2008: NY
FORM# ORD 88624CO Ed 3/2003: CO	FORM# ORD 88624ND Ed 3/2003: ND
FORM# ORD 89238 Ed 3/2003: CT	FORM# ORD 87353 Ed 3/2003: OH
FORM# ORD 88624DE Ed 12/2003: DE	FORM# ORD 87393 Ed 3/2003: OR
FORM# ORD 87384-98 Rev 3/2003 : FL	FORM# ORD 88624PA Ed 9/2008: PA
FORM# ORD 88624 Ed 6/2003 : GA	FORM# ORD 88624TX Ed 3/2003: TX
FORM# ORD 88624IL Ed 3/2003: IL	FORM# ORD 87430 Ed 3/2003: UT
FORM# ORD 88624IA Ed 9/2008: IA	FORM# ORD 88624VT Ed 3/2003: VT
FORM# ORD 87674 Ed 3/2003: KY	FORM# ORD 88624VA Ed 9/2008: VA
FORM# ORD 88624-2005: ME	FORM# ORD 88624WA Ed 12/2003: WA (state)
FORM# ORD 88624MA Ed 3/2003: MA	FORM# ORD 88546 Ed 3/2003: WV
FORM# ORD 88624MI Ed 3/2003: MI	FORM# ORD 88624WI Ed 3/2003: WI
FORM# ORD 88624MO Ed 3/2003: MO	FORM# ORD 87383 Ed 3/2003: Washington DC
FORM# ORD 88624MT Ed 9/2008: MT	

EXAM FORMS: Use the appropriate exam form for your state as shown below. Prudential does not accept generic or homemade overflow forms. If the

examiner needs more space for additional details, this must be completed on another Prudential exam form.

FORM# COMB 84379FL Ed 8/2005: FL
FORM# COMB 84379IN Ed 8/2005: IN
FORM# COMB 84379ME Ed 8/2005: ME
FORM# COMB 84379MD Ed 8/2005: MD
FORM# COMB 84379MN Ed 8/2005: MN
FORM# COMB 84379MO Ed 8/2005: MO
FORM# COMB 84379NJ Ed 8/2005: NJ
FORM# COMB 84379NY Ed 8/2005: NY
FORM# COMB 84379OR Ed 8/2005: OR
FORM# COMB 84379PA Ed 8/2005: PA
FORM# COMB 84379VT Ed 8/2005: VT
FORM# COMB 84379 Ed 8/2005: All other states