



**EXECUTIVE HEALTH PROGRAM  
2024**

**CORPORATE ACCOUNT INFORMATION**

**Company Name:**

**Company Address:**

**City, State, Zip:**

**Date:**

**KEY CONTACT PERSON**

**Contact Name:**

**Title:**

**Additional Contact:**

**Address:**

**City, State, Zip:**

**Telephone Number:**

**Fax Number:**

**E-Mail:**

**ESTIMATED NUMBER OF YOUR EMPLOYEES TO PARTICIPATE IN 2024**

\_\_\_\_\_ (Estimate Required)

**CORPORATE DISCOUNT FEE SCHEDULE**

<b>20+</b>	<b><i>Executives</i></b>	<b>25%</b>
<b>10-19</b>	<b><i>Executives</i></b>	<b>20%</b>
<b>5-9</b>	<b><i>Executives</i></b>	<b>15%</b>
<b>2-4</b>	<b><i>Executives</i></b>	<b>5%</b>

***Select services are discounted according to the annual number of participants***

## DEFINITION OF PROGRAM

Cleveland Clinic's Executive Health Program, under the Department of Executive Health, provides an opportunity for busy executives to successfully manage their personal health in order to ensure their continued vitality and productivity. All examinations and tests are conveniently scheduled in one visit, unless a colonoscopy is recommended in which case two days are usually required. The initial exam usually takes six to eight hours.

Our comprehensive program is aimed to target and reduce health risks, promote wellness, discover potential health problems and facilitate prompt and expert treatment of any conditions detected. Four full-time Preventive Medicine physicians, experienced in the determination of health risk and prevention of disease, evaluate and counsel some 3,900 men and women each year in this program.

This section outlines our recommended coverage for employees participating in the program. If you wish to alter these recommendations, please indicate the changes next to the related exam.

### **History & Physical Exam**

For those younger than age 40, repeat every 3 years

For those between age 40 and 50, repeat every 2 years

For those older than age 50, repeat annually

### **Lab Profile**

To be completed with every physical exam

**Hepatitis C Screening** for those patients age 18-79 (one time only)

**HIV Screening** (one time only)

### **BP Tru**

To be completed with every physical exam

### **Resting EKG**

To be completed with every initial physical exam, repeat every 4 years or as medically indicated

### **Retinal Fundus Photography**

To be completed with every physical exam

### **Visual Acuity**

To be completed with every physical exam

### **Hearing Test**

To be completed with every initial physical exam, repeated every 3 years or as indicated

### **Spirometry**

Recommended at initial exam, repeat at each exam for smokers and in nonsmokers as clinically indicated

### **Cardiac Stress Test –**

Recommended for individuals age 40 and older with their initial exam, repeat every 3 years or as medically indicated. Not recommend for individuals younger than age 40.

<b>DEFINITION OF PROGRAM CONT'D</b>
-------------------------------------

**Chest X-Ray**

Recommended for individuals age 40 and older with their initial exam and thereafter as medically advised. Not recommended for individuals younger than age 40 or if having a chest CT scan

**Chest CT Scan**

Recommended for individuals age 50-80 with prior smoking history of greater than 20 pack years. Repeated as medically advised

**Non-Invasive Vascular Screening**

Recommended at age 45 and older and repeated every 5 years if normal

**Calcium Heart Score**

Recommended at age 40 to age 75 for men and age 45 to 75 in women. Repeat in 5 years if initial screen is 0.

**Nutrition Consult**

To be completed with every physical exam

**Fitness Consult**

To be completed with every physical exam

**Executive Coaching**

To be completed with every physical exam

**MALES ONLY:****Prostate Specific Antigen:**

Recommended for all visits age 40 and over

**Testosterone:**

Recommended for all visits age 40 and over

**Bone Density**

Recommended at age 50 and repeated every 5 years if normal or every 2 years if abnormal

**FEMALES ONLY:****Pap Smear/HPV Testing/Pelvic Exam**

To be completed as medically necessary, dependent upon prior examination dates/results

**Mammogram**

Recommended at age 40 and repeated annually

**Bone Density**

Recommended at age 50 and repeated every 5 years if normal or every 2 years if abnormal

**ADDITIONAL OPTIONAL MEDICAL SERVICES**

Please mark a "Y" for yes if services should be included and will be covered in your Company's program or "N" for no. These services or tests will be scheduled based on the physician's recommendation.

Colonoscopy	_____	<b>Vaccinations:</b>	
Total Body Scan	_____	Influenza	_____
Dermatology Consultation	_____	Fluzone High Dose	_____
Ophthalmology Consultation	_____	Shingrix	_____
Genetics Consultation	_____	TDAP	_____
Personalized Genetic Testing	_____	PCV20	_____
		COVID	_____
		Pneumovax 23	_____
		Hepatitis A	_____
		Hepatitis B	_____
		RSV	_____

**All services not covered by this corporate agreement will be the patient's responsibility.**

**Executive Spouses Covered under the program? Yes  No**

**ACCOUNT STATEMENTS**

Billing for any services beyond the scope of the normal physical agreed to by the Cleveland Clinic and the Client will be on a fee-for-service basis, subject to current charges in effect at the time services are rendered.

Please indicate to whom bills should be directed:

**Company Contact:** \_\_\_\_\_

**Company & Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PAYMENT PROVISIONS</b>
---------------------------

Payment Fee. Company shall pay CCF a fee for the Services in the amount and in accordance with the terms set forth in the applicable Fee Schedule for and in consideration of the Services provided by CCF.

Payment Terms. CCF shall invoice Company. All CCF invoices shall be paid within thirty (30) days of the invoice date. Failure to pay any CCF invoices in accordance with the foregoing, including failure to rectify such breach within fifteen (15) days following CCF's issuance of a notice of breach, entitles CCF to suspend any Services. All payments shall be paid in US dollars by check or by wire transfer to the account specified by CCF and shall be for the entire amount invoiced.

These services have been discounted for direct payment by the corporation and, therefore, cannot be submitted to insurance.

<b>REPORT LETTERS</b>
-----------------------

A copy of the examination report is to be sent to: (place an "X" next to all answers that apply.)

\_\_\_\_\_ The Employee  
 \_\_\_\_\_ The Company Attn: \_\_\_\_\_  
 \_\_\_\_\_

<p><b>NOTE: Under the confidentiality policy of Cleveland Clinic, release of a patient's medical records will not occur without written consent of the patient in the form of a medical records release document.</b></p>
---

<b>SIGNATURE OF ACCURACY</b>
------------------------------

Clinic to bill and report as stated herein for this calendar year. Any request for changes to this Document will be directed in writing to the Department of Preventive Medicine.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Billing Inquiries/Concerns:**

Ms. Klode Coe, RCM Billing Manager

Phone: 216-444-5825

Fax: 216-636-8088

E-Mail: [EHCorpbilling@ccf.org](mailto:EHCorpbilling@ccf.org)

**Contact for Executive Health Program**

**Questions/Resource Materials:**

Ms. Kathy Brichford, Corporate Health Consultant

Phone: 216-636-3230

Fax: 216-442-3534

E-Mail: [brichfk@ccf.org](mailto:brichfk@ccf.org)

**Appointment Scheduling:**

Phone: 216-444-5707  
1-800-223-2273 Ext 45707

**Contact for Program Administration Changes  
and Quiries:**

Ms. Latrice Fellows, Department Coordinator  
Phone: 216-444-3394  
Fax: 216-445-6494  
E-mail: [fellowl@ccf.org](mailto:fellowl@ccf.org)

**Contact for Operational Feedback/Concerns:**

Ms. Cheryl Adams, Administrator  
Phone: 216-445-0815  
Fax: 216-445-1033  
E-mail: [adamsc2@ccf.org](mailto:adamsc2@ccf.org)