



Thank you for choosing Next Medical! We're excited to partner with you on your weight loss journey.

This document outlines the enrollment process for new members in our GLP weight loss program.

Getting Started

In order to begin, we need to collect some initial demographic information from you, as well as your prior medical history. This information will be used by your doctor to confirm your eligibility for our GLP weight loss program, as well as to help craft your personalized weight-loss plan.

Completing Your Profile

The attached form contains the same questions we ask you in your profile when completing intake online. Unless stated otherwise, all questions are mandatory. Please fill out all questions in this document to the best of your ability.

After you've gone through all of the questions, please send the completed form to our clinical success advisors at team@joinnextmed.com with the following:

- Valid Insurance
- Card Valid Rx Card

The above are required to submit requests for medication to your insurance company. If you have any questions, don't hesitate to reach out to team@joinnextmed.com.

What to Expect

After your profile is submitted, our experts will work with your insurance company to secure GLP medication for you at the lowest cost. This process generally takes between 0-14 days. Our team will inform you of the status of your prior authorization immediately once we hear back.

After your insurance has approved your medication, you'll be able to chat with your doctor the same-day to discuss your medical history, and learn about the medication you've been prescribed. You'll be able to pick up your medication at the pharmacy as soon as the same day, and our team will provide a \$25 copay card (if applicable) to help you get medication at the lowest possible cost.

 **nextmed GLP-1 Weight Loss Program**

The information on this confidential intake form is required to perform our prior authorization process in the best professional fashion. Please fill out the answers carefully and correctly. If you have any questions, please email team@joinnextmed.com.

Personal Information

First Name:

Email:

Last Name:

Phone Number:

Address:

(Please use street, city, state, zipcode, and apartment number if necessary)

Assigned Sex: Male Female Date of Birth:

Height: Feet Inches Weight: Pounds

Insurance Information *Recommended but not required

(Please be as specific as you can, this will significantly expedite the process)

Insurance Company:

Insurance ID #:

Insurance Group #:

RX Bin:

RX PCN:

RX Group:

Pharmacy Information

Pharmacy Name:

Pharmacy Address:



If your insurance won't cover any branded GLP-1 medication, what would you like to do?

We will work with your insurance to get a GLP-1 covered, but some insurance plans will not cover any branded medications. Your provider may offer you a low cost and equally effective alternative if eligible.

Please select one of the following options:

Generic Alternative

(~\$125/Month)

Bupropion

(~\$25/month)

Cash Pay GLP

(~\$800/month)

Medical Information

Do you currently take any medications? Our doctors need to know which medications you are taking to ensure it's safe for you to undergo treatment.

Yes

No

If so, please list those medications here:

Do you have any allergies? Our doctors to know if you have any allergies to ensure the prescribed treatment is safe for you.

Yes

No

If so, please list those allergies here:

Have you taken weight loss assisting medication in the past? Customers who have tried Metformin are much more likely to be approved for a GLP-1 by their insurance provider.

Yes

No

If so, please list those medications here:

Approximate Start Date:

Approximate End Date:

Do any of the following apply to you?

Are you willing to:

End Stage Kidney Disease

End-Stage Liver Disease

Current or prior eating disorder (anorexia/bulimia)

Current suicidal thoughts and or prior suicidal attempt

None of the above

Reduce your caloric intake alongside medication, if clinically appropriate

Increase your physical activity alongside medication, if clinically appropriate

None of the above



Have you ever attempted to lose weight before?

- Yes, in a weight management program
- Yes, through caloric restriction
- Yes, with exercise
- Yes, with other behavior modifications
- No

How has your weight changed in the last 12 months?

- Lost a significant amount
- Lost a little
- About the same
- Gained a little
- Gained a significant amount

Please check any of these that apply to you:

Eating Disorder

Recent Bariatric Surgery

Personal or Family History of Thyroid Cyst, Thyroid Cancer, Medullary Thyroid Carcinoma or Multiple Endocrine Neoplasia Syndrome Type 2

High Cholesterol or High Triglycerides

Type 1 Diabetes

Type 2 Diabetes

Glaucoma

Brain or Spinal Cord Tumors, Injuries or Infections

Drug Abuse or Alcohol Abuse

Suicidal Thoughts or Actions

Currently Taking or Recently Taken Opiate Pain Medications or Opiate-Based Street Drugs

Recent Hospitalization (Last 12 Months)

Pancreatitis

Uncontrolled Blood Pressure (Above 160/100 mmH), Hypertension or Elevated Heart Failure

Low Sodium

Heart Disease, Coronary Artery Disease or Congestive Heart Failure

Liver or Kidney Disease

Gallbladder disease or Gout

Depression, Bipolar Disorder or Mental Illness

Sleep Apnea

Previously Diagnosed with HIV

None of the above



TERMS AND CONDITIONS

BY SIGNING AT THE BOTTOM, YOU ACKNOWLEDGE THAT YOU HAVE READ, ACCEPTED, AND AGREED TO BE BOUND BY THIS CONSENT. IF YOU DO NOT SIGN, YOU WILL NOT BE ABLE TO USE OR RECEIVE THE SERVICES.

Membership Policies

1. CANCELATION / REFUND POLICY: You may cancel your membership within 24 hours of purchase if bought in error and receive a full refund. Within 7 days you are eligible for a 50% refund.

2. TRANSFERS OF MEMBERSHIP: Membership may not be transferred.

3. UPGRADING MEMBERSHIPS: A Member may upgrade his or her membership with the prior consent of NextMed; provided Member will be responsible for paying an upgrade fee and for the ongoing payment of any additional subscription fees associated with such upgrade.

4. BUYER'S OBLIGATIONS: Buyer is engaging in a written contract with NextMed for twelve months total (1st month and 11 additional months). Buyer shall not be relieved of Buyer's obligations to make payments agreed to, and no deduction from any payments shall be made because of Member's failure to take their medication, receive testing, or in any other way not use the NextMed platform or associated services. Buyer's obligations shall be relieved without penalty only if

- (i) Buyer experiences medical complications or adverse reaction to weight loss medication**
- (ii) Buyer's insurance does not cover or stops covering Buyer's chosen medication**
- (iii) Buyer fails to experience meaningful weight loss (>5%) over 6 months.**

5. UNPAID BALANCES: Members will not receive medication, testing, or other associated NextMed Weight Loss services if they have unpaid balances.

6. SUBSCRIPTION RENEWALS: Requests to cancel subscriptions must be submitted 24 hours or more prior to subscription renewal. After 24 hours prior to renewal, the medication renewal process is already underway, and the renewal is nonrefundable. Subscription renewal date is available in user profile at all times.



TERMS AND CONDITIONS (CONTINUED)

I agree to receive laboratory testing (the “Test(s)”) from either Quest Diagnostics Clinical Laboratories Inc., Laboratory Corporation of America Holdings, Bio-Reference Laboratories, Inc., Empire City Laboratories, or Northwell Health Laboratories (“Laboratory”). I understand that the sole purpose of this examination and test is to evaluate my health status. I acknowledge that I am requesting review of a request for weight loss medications by MD Integrations, P.C. I understand and acknowledge that licensed providers may decide to prescribe or not prescribe the medication at their sole discretion. I understand and acknowledge Next Medical is a software platform and is not a provider of medical services. I understand that in order to receive the Test or Prescription, I may be asked to complete a questionnaire and a physician or other authorized health care provider, (the “Provider”) may evaluate my eligibility to receive the Test and/or Prescription. I understand that as part of my payment for services rendered, included in the fees are certain direct payments to the Provider, of which Next Medical acts as a collections agent. These fees include a \$10 fee for each lab or prescription request made, a \$20 fee for asynchronous lab result review and messaging, and a \$35 fee for a synchronous telephone or virtual consultation.

I understand that Helio Logistics, Inc d/b/a Next Medical (“Next Medical”) will support the Laboratory and the Provider with non-medical services such as software and administrative services, but Next Medical is not a clinical provider and will not provide health care or treatment to me. I understand that Next Medical will have no liability for the results of my Test or in regard to any information that is obtained during the testing. I irrevocably release, waive and forever discharge any and all claims and causes of action of whatever kind or character that I may have had, may now have, or would later be able to assert (at law, in equity or otherwise) against Next Medical for the results of my Test, or the subsequent reaction to such results.

I acknowledge and agree that:

I am the individual who will provide the sample for the Test(s) that I am requesting or I am the parent or legal guardian of a minor who is providing the sample for testing.

I am at least eighteen (18) years of age or I am the parent or legal guardian of a minor who is providing the sample for testing.

I have read and understand the information provided about the Test(s) and Prescription(s) that I have been provided.

Signature:

Date: