



### Cost Comparison Rewards Form

Thank you for requesting a transparency report for your upcoming medical procedure. Our job is to help you become a more informed health care consumer. Here is what to do next:

- ✓ Contact your Transparency Specialist at 1-866-253-2273 to review your report.
- ✓ Choose one of the lower cost options for your procedure AND have it done within 180 days of the date of your cost report.
- ✓ You will receive an Explanation of Benefits (EOB) from your insurance company. Send that EOB along with this signed form to:

**Rewards via mail, email or fax. Email is [mke.rewards@directpathhealth.com](mailto:mke.rewards@directpathhealth.com)**  
**Fax is 414-271-1795**  
**U.S. Mail to:**  
**DirectPath/Rewards**  
 633 W. Wisconsin Ave #1310  
 Milwaukee, WI 53203

- ✓ DirectPath will notify your employer, and your Rewards payment will be included in an upcoming paycheck.

### Release of Protected Health Information (PHI)

In order to have your reward issued, DirectPath will notify your employer that you chose a lower cost provider. We will share only your name, social security number, and the amount of your Reward.

If you wish to be eligible for the reward, please sign and date below. By doing so, you authorize DirectPath to release the above mentioned information about you to your employer.

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Sign Name)

\_\_\_\_\_  
 (Date)