



Disease Management Program
for eligible active MPIPHP participants

Do you want to feel better, improve your quality of life, feel more energetic? Maximize your health plan benefits. Fill out the information below.

A. Name: _____

B. Which condition are you most interested in working on?
(Choose one only)

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Chronic Low Back Pain |

C. What is the best phone number to reach you?

Phone Number _____ (home, cell, work, other _____)

D. Tell us when you are available to receive calls: (Check all that apply)

	Morning 7 am – 11 am	Afternoon 12 noon – 5 pm	Evening 6 pm – 9 pm
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

E. Then, to return the information to us: (Choose one)

1. Mail the form back to MPTV Fund, Dept. 250,
23388 Mulholland Dr., Woodland Hills, CA 91364
OR
2. FAX it to 818-876-1756
OR
3. Call our Health Coaches today at 866-959-9212
One of our Health Coaches will contact you soon to set up a
telephone appointment for a FREE assessment.