

# Customer Requested

## Cost Containment Measures

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- 1) Hello, my name is \_\_\_\_\_. I have my health insurance through City of Stamford / Cigna
- 2) I would greatly appreciate it if you would include me in the following decisions:
  - a) If a Medication is prescribed, could you please prescribe a generic medication or therapeutic equivalent.
  - b) If labs are to be drawn, please send to Lab Corp or Quest for processing. This will greatly decrease my out of pocket expenses
  - c) If an MRI or CT is required, please include me in the decision on where the high tech imagining is to be done
  - d) If an injectable or infusions are required, I would prefer the delivery setting to be at my home
  - e) If I have a health advocate from Cigna call, please work with them on my behalf.

