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(Requestor's Name)

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(City/State/Zip/Phone #)

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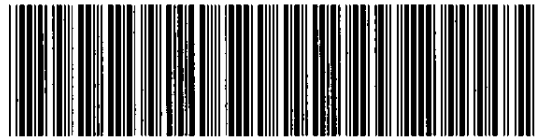
(Business Entity Name)

(Document Number)

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*Same as Fed reg.  
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**N. CAUSSEAU**

MAR 26 2009

**EXAMINER**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 25 AM 9:37

FILED

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March 24, 2009

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

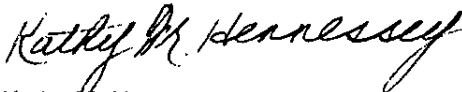
Re: Blue Cross and Blue Shield of Florida, Inc.--  
Trademark Application for Health Options (Class 42)

Ladies and Gentlemen:

On behalf of our client, Blue Cross and Blue Shield of Florida, Inc., enclosed is a trademark application for the word mark Health Options in Class 42. Also enclosed are samples of use for the application and a check in the amount of \$87.50 to cover the filing fee for the application.

Please do not hesitate to call if you have any questions.

Sincerely,



Kathy M. Hennessey  
Paralegal

Enclosures

cc: Danielle Helow  
Katharine F. Rowe, Esq.



**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**  
**Post Office Box 6327**  
**Tallahassee, FL 32314**

FILED  
09 MAR 25 PM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PART I**

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Blue Cross and Blue Shield of Florida, Inc.

(b) Owner's/Applicant's business address: 4800 Deerwood Campus Pkwy., Bldg. 100-7

Jacksonville, Florida 32246  
City/State/Zip

If different, Owner's/Applicant's mailing address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

(c) Owner's/Applicant's telephone number: ( 904 ) 905-0000

Check the appropriate box to indicate the Owner/Applicant is a(n):

☐ Individual      ☒ Corporation      ☐ Joint Venture      ☐ Limited Liability Company  
☐ General Partnership      ☐ Limited Partnership      ☐ Union      ☐ Other: \_\_\_\_\_

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: 753198

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 592015694

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Providing health maintenance organization services

\_\_\_\_\_  
\_\_\_\_\_

2. (b) **TRADEMARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

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2. (c) **HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:**

**SERVICE MARKS:** If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

In newspaper advertisements, in brochures, on the Internet and on website

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**TRADEMARKS:** If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

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2. (d) **FEE(S) AND CLASS(ES):** There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

42

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## PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

**Note: The Florida Statutes require a mark to be in use prior to registration.**

(a) Date first used in other state or country, if applicable: February 19, 1984

(b) Date first used in Florida: February 19, 1984

## PART III

### **ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:**

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

### **HEALTH OPTIONS**

Provide the English translation of any and all terms listed #1 above, when applicable: \_\_\_\_\_

### **2. DISCLAIMER STATEMENT (if applicable):**

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" HEALTH  
" APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Sheri Manning, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Blue Cross and Blue Shield of Florida, Inc.

Typed or printed name of applicant

Sheri Manning, VP Marketing Comm

Applicant's signature  
(List name and title)

Sheri Manning  
Vice President of Marketing  
Communications

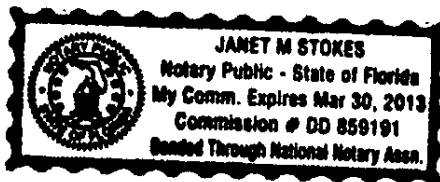
STATE OF FLORIDA

COUNTY OF DUVAL

On this 13th day of March, 2009, Sheri Manning personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of \_\_\_\_\_

(Seal)



Janet M. Stokes

Notary Public Signature

Janet M. Stokes

Notary's Printed Name

My Commission Expires: March 30, 2013

FILING FEE: \$87.50 per class



## BlueCross BlueShield of Florida Health Options.

Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

## Health Options UM Fast Tracker

The Health Options Utilization Management (UM) Fast Tracker is a summary of the most commonly billed services and is subject to change. The lists of services are not all-inclusive. Location of service, member benefit contracts, and/or physician/provider agreements may affect authorization requirements and, to the extent of any inconsistency, will control. Payments are also subject to Health Options Medical Coverage Guidelines.

### Notification to Health Options of a member referral is not required when:

- Primary care physician (PCP) refers a member to a participating specialist.
- Participating specialist refers a member to another participating specialist.

**Note:** Authorizations are still required for all referrals to non-participating physicians and providers.

### Obtaining Authorizations

Use the Availity<sup>®1</sup> Health Information Network to submit electronic authorizations (Health Care Services Review requests). Physicians and providers not using Availity should use Blue Express, our automated phone system. Refer to the *Blue Express Fast Tracker* on our website for additional information. For requests or situations that require you to contact us, call (800) 955-5692.

### Office-Based Procedures

If you are uncertain if an authorization is required, submit a Health Care Services Review request **with the appropriate procedure code(s)** through the Availity Health Information Network.

- If the service(s) does not require an authorization, you will receive a message that no authorization is required and the Availity Health Information Network will not generate an authorization.
- If the procedure requires an authorization, the system will advise you to contact Health Options.

### Participating Physician Responsibilities

Participating physicians are responsible for requesting an authorization for services related to the treatment they are providing a Health Options member, which includes the following:

- Conducting additional procedures and tests in their office per their contract
- Ordering laboratory (Quest Diagnostics) and radiology/imaging tests
- Referring members to MHNNet for behavioral health services
- Requesting authorizations from Health Options for outpatient procedures and inpatient admissions
- Requesting authorizations from National Imaging Associates (NIA) for CT scans, MRAs, MRIs and cardiovascular office and outpatient procedures.

**Note:** Fast Trackers are for general information only and are subject to the terms and conditions of any applicable agreement, policy or procedure. Fast Trackers may be altered or amended from time to time as necessary without any notice to you. If you are using a Fast Tracker, please check periodically to be sure you have the most recent version. If you have any questions or need more detailed information, please call Utilization Management at (800) 955-5692.

<sup>1</sup>Availity, L.L.C., is an independent company formed as a joint venture between Navigy, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of Florida, Inc., Health Care Service Corporation, and HUM-e-FL, Inc., a subsidiary of Humana, Inc. Blue Cross and Blue Shield of Florida has business arrangements with Availity with the goal of reducing costs in the Florida health care marketplace, simplifying provider workflow, improving patient experience and in providing HIPAA-AS compliant solutions. For more information or to register, visit Availity's website at [www.availity.com](http://www.availity.com).