Date: 3/18/2023

Your Name: VINICIUS YNOE DE MORAES

Manuscript Title: Monitoring Health as an opportunity to categorize preventative and early-treatment actions in a self-

care journey: our experience with a Healthcare Scorecard

Manuscript number (if known): mHealth-22-56

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
	meetings and, or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	I am an employee of ALICE		
	financial interests	Health, which is the health		
		insurance company in		
		which the magenta		
		scorecard was developed.		
Please summarize the above conflict of interest in the following box:				

I am an employee of ALICE H scorecard was developed.	lealth, which is the health insurance company in which the magenta

Date: 3/18/2023

Your Name: Rafael Pereira Silva

Manuscript Title: Monitoring Health as an opportunity to categorize preventative and early-treatment actions in a self-

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2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above). Royalties or licenses	None	
	- 1		
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	I am an employee of ALICE Health, which is the health insurance company in which the magenta scorecard w developed.		
Plea	Please summarize the above conflict of interest in the following box:			

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Your Name: Camila K. Kawagoe

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5	Payment or honoraria for	None		
	lectures, presentations,			
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	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
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9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
-	in other board, society,			
	committee or advocacy			
	group, paid or unpaid	1		
11	Stock or stock options	None		
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Your Name: Pedro Ricardo Pereira Távora

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	pending			
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	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
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Your Name: Nicolle Cassola

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Date: 3/18/2023

Your Name: Mário Ferretti

Manuscript Title: Monitoring Health as an opportunity to categorize preventative and early-treatment actions in a

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Please place an "X" next to the following statement to indicate your agreement:
____ I certify that I have answered every question and have not altered the wording of any of the questions on this form.