



Talk to your  
doctor about  
blood sugar  
monitoring  
at home.



**SAN FRANCISCO  
HEALTH PLAN**

201 Third Street, 7th Floor  
San Francisco, CA 94103  
[www.sfhp.org](http://www.sfhp.org)

You can receive a

# \$25 Gift Card

when you  
complete your  
screening  
tests for  
diabetes



**SAN FRANCISCO  
HEALTH PLAN**

*Here for you*



**LIVE WELL AND STAY HEALTHY!**

San Francisco Health Plan wants to send you a free gift card for getting your regular screening tests for diabetes.

To Claim Your Gift:

- 1. **Make an appointment** to get the screening tests you need.
- 2. **Bring the attached card** with you and have your doctor, nurse or diabetes educator sign for each test **or** attach proof of all tests.
- 3. **Mail or fax us back the signed card** with all signatures in the enclosed postage-paid envelope or fax **(415) 615-6420**.

All tests must be within the current calendar year.



And That's It!

We'll review your information and then send you a FREE \$25 Walgreens, Ross or Target gift card in the mail.

It may take 4-6 weeks after we receive the completed card or proof of all tests for you to receive your gift card.

You can receive only one gift card per calendar year for getting all your tests done.



All Tests Must Be Completed and Signed.

Detach, complete and return this ticket in the enclosed envelope to receive your free gift card **or** have your doctor fax proof of all tests to **(415) 615-6420**.

Member Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Telephone: (        )        -        \_\_\_\_\_  
Email: \_\_\_\_\_

☒ Check the one gift card you want

☐ **\$25 ROSS**      ☐ **\$25 TARGET**      ☐ **\$25 Walgreens**

ALL TESTS MUST BE  
COMPLETED AND SIGNED BY  
PROVIDER OR OFFICE STAFF

Test	Result	Date	Clinic/Office Signature	Goal
Blood Pressure				Less than 130/80
A1C				Less than 7 or 8 (find out what's right for you!)
LDL-Cholesterol				Less than 100
Kidney Protection	Microalbumin test or ACE/ARB (medicine)			Test yearly or take medicine daily
Eye Exam	<input type="checkbox"/> Done			1 time a year (diabetic eye exam is covered)
Foot Exam	<input type="checkbox"/> Done			1 time a year

All tests must be within the current calendar year.

If you have any questions, call San Francisco Health Plan at **(800) 288-5555**.