

Get A FREE  
\$25 Gift Card

# Diabetes Screening Tests

**SAN FRANCISCO  
HEALTH PLAN™**



*Here for you*

**Attn: Health Outcomes Improvement**  
P.O. Box 194247  
San Francisco, CA 94119

When you have diabetes, it is important to work with your care team to keep it in control. Your provider will monitor your diabetes and how it may be affecting your body. Tests that monitor your diabetes are called screening tests.

\$25 Gift Card

**#1**

\$25 Gift Card

**#2**

## You can receive a \$25 gift card this year:

**Diabetes Screening Tests :** Get your (1) blood pressure, (2) Hgb A1c blood test, and (3) Microalbumin urine test (or take ACE/ARB medication)

**Diabetes Eye Exam :** Get your eye exam if you haven't had one in the last 2 years. If you have, talk to your provider. You may not need a new exam to qualify for the gift card.

## MEMBERS: Get your diabetes screenings this year—Gift card #1

**Select one:** ☐ \$25 Target  
☐ \$25 Walgreens

☐ **Opt in for Diabetes Texting Program**

Mobile # **1**( ) -

### MEMBER INFORMATION

Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SFHP ID#: \_\_\_\_\_

### Follow these steps to receive your gift card.

**Step 1:** Fill out the information in the grid above.

**Step 2:** Bring this form to your provider and ask if you have had diabetes screening tests this year.

**Step 3:** If you have not had diabetes screening tests this year, ask your provider to discuss with you and fill out this form for tests you have had. You must get all 3 tests this year to receive the gift card.

**Step 4:** Mail this completed and signed form to SFHP in the self-addressed envelope that came with this form. You can also ask your provider to fax this form to **1(415) 615-4547**.

**Step 5:** Get your \$25 gift card in the mail in 4-6 weeks.

### PRIMARY CARE PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

### PROVIDER INSTRUCTIONS:

- Please indicate which of these screenings have been completed this calendar year. Review goals and results with the patient.
- The patient must receive clinic sign-off in order to receive the \$25 gift card.
- You can fax form directly to 1(415) 615-4547, or you can give form to patient to mail back to SFHP in self-addressed envelope.
- If test is not clinically appropriate, please state why in order for the patient to remain eligible for gift card.

Test	Patient's Goal	Latest Result or Measurement	Date of Result or Measurement	Clinic/Office Signature
Blood Pressure				
HbA1C				
Kidney Protection				
Microalbumin test				
Is the member on ACE/ARB (circle one) If not, please explain:		YES	NO	