

您可免費獲取  
一張 \$25  
的禮品卡。

# 糖尿病 眼科檢查



SAN FRANCISCO  
HEALTH PLAN™



Here for you

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

患糖尿病後，重要的是要與您的護理團隊合作來控制糖尿病。您的提供者將監測您的糖尿病以及其如何影響您的身體。監測您的糖尿病的測試稱為篩選測試。

\$25 禮品卡  
#1

\$25 禮品卡  
#2

您今年可以獲得兩張 \$25 的禮品卡：

**糖尿病篩選測試：**獲取您的 (1) 血壓、(2) Hgb A1c 血液測試和 (3) 尿微量白蛋白尿液測試 (或服用 ACE/ARB 藥物)

**糖尿病眼睛檢查：**如果您過去兩年沒有接受眼睛檢查，則需接受眼睛檢查。如果接受了眼睛檢查，則與您的提供者交談。您不需要接受新的檢查就有資格獲得禮品卡。

會員：遵守這些步驟以獲取眼睛檢查禮品卡：

選取一種：  
 \$25 TARGET  \$25 Walgreens

**第一步：**選取您的禮品卡類型。

**第二步：**與您的提供者交談，弄清楚您是否需要接受眼睛檢查。您的提供者需要在此表格上簽字，您才有資格獲得禮品卡。

- 您過去兩年是否接受過眼睛檢查？如果是，您不需要再接受檢查就有資格獲得禮品卡。攜帶此表格去見您的提供者，以討論您的糖尿病眼睛檢查。您的提供者需要簽字說明您今年不需要再接受眼睛檢查。
- 自您上次接受眼睛檢查是否已經至少兩年了？或者您去年的眼睛檢查是否有異常發現？如果是，您需要接受新的眼睛檢查。要接受眼睛檢查，請與您的提供者交談。或者致電 VSP，電話：1(800) 877-7195。然後讓您的提供者在此表格上簽字。

**第三步：**使用隨此表格提供的寫明發信人地址的信封，將已填寫並簽字的此表格寄至 SFHP。您亦可以要求您的提供者將此表格傳真至 1(415) 615-4547。

**第四步：**4-6 週內接收透過郵件寄來的 \$25 禮品卡。

## MEMBER INFORMATION

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

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

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

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

## PRIMARY CARE PROVIDER INFORMATION

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

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

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

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

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

## PROVIDER INSTRUCTIONS:

- Patients with diabetes should have a retinal exam at least every 2 years. If a patient's test has shown evidence of retinopathy, they should have a retinal exam every year. Members with glasses or other vision needs may need more frequent exams — please use your clinical discretion.
- First indicate if the patient has had an eye exam in the last 2 years. If the member had a test in the prior calendar year, the test must be negative for retinopathy to qualify for the gift card. Please also include the test date and clinic/office signature.
- You can fax this form directly to 1(415) 615-4547, or you can give the form to the patient to mail back to SFHP in self-addressed envelope.

Test	Test Year (Select One)	Test Date	Clinic/Office Signature
Retinal Eye Exam	<input type="checkbox"/> Current calendar year <input type="checkbox"/> Prior calendar year (must be negative for retinopathy for the member to qualify for the gift card)		