

You may get a
**FREE \$25
Gift Card**

Diabetes Eye Exam

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 taking an 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: Follow these steps to receive your eye exam gift card:

Select one: \$25 Target
 \$25 Walgreens

MEMBER INFORMATION

Member Name: _____

Street Address: _____

City, State, Zip: _____

SFHP ID#: _____

Step 1: Select your gift card type.

Step 2: Talk to your provider to find out if you need an eye exam. Your provider will need to sign this form to qualify for the gift card.

- **Have you had an eye exam in the past 2 years?** If so, you may qualify for a gift card without another exam. Bring this form to your provider to talk about your diabetes eye exam. Your provider will need to sign off that you don't need another exam this year.
- **Has it been at least 2 years since your last eye exam?** Or did you have an eye exam last year with an abnormal finding? If so, you need a new eye exam. To get your eye exam, talk to your provider. Or, call VSP at **1(800) 877-7195**. Then have your provider sign this form.

Step 3: 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 4: 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:

- 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) | | |