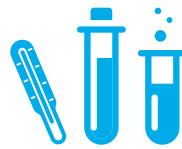


Get A FREE \$25 Gift Card

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.

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

\$25 Gift Card
#1

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

\$25 Gift Card
#2

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:





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		