

Dear Member,

People who have diabetes are at higher risk for retinal eye disease. That is why we want to make sure you have your eyes checked for diabetic retinopathy each year.

1. If you have had a diabetes retinal eye exam within the past year, please fill out Section A of the form below. Then, ask your doctor to fill out Section B. Or, ask your eye care doctor to fill in both sections.
2. If you have not had a diabetes retinal eye exam within the past year, call your primary care doctor for a referral to a specialist. Take this form with you to your eye care exam. Ask your eye care doctor to fill in Sections A and B of the form below.
3. When you're done, please fold the form along the dotted lines. Tape it closed and mail it. You do not need a stamp. Or, fax it to BCN at 248-455-3642.

Section A (to be completed by patient)

Patient information

Name

Contract number

Date of birth

Address

City State ZIP

Phone

Primary care physician

Name

Address

City State ZIP

Phone

Eye care specialist

Name

Address

City State ZIP

Phone

Date of most recent retinal exam _____

Section B (to be completed by the eye care specialist)

Date of exam: _____

Was retinopathy found?

OD (Right eye) Yes No

OS (Left eye) Yes No

Signature of eye care professional

Date

This form helps BCN track patient care services. It does not replace medical plans made by the eye care specialist and your primary care physician.

FOLD IN AT DOTTED LINES (SEE OTHER SIDE) AND TAPE SECURELY BEFORE MAILING

If you have diabetes, you are strongly advised to get yearly eye exams — a covered benefit.

For more information about our diabetes management program, call 800-392-4247. TTY users should call 800-257-9980. 8:30 a.m. to 5 p.m. Monday through Friday.



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