

# Diabetic Retinal Eye Exam

It is recommended that members with diabetes have a retinal eye exam once a year. According to the National Institute of Health, between 40 and 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy.

This eye exam is offered at no cost to Medicare members who need it. It must be completed in-person during 2023 in order for you to be eligible to receive a healthy reward.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

## 2023 Diabetic Retinal Eye Exam

Please complete this form, sign and date and fax to 410-779-3957 or mail to

CareFirst BlueCross BlueShield  
 Advantage DualPrime  
 Attn: Quality Dept.  
 P.O. Box 915  
 Owings Mills, MD 21117

COMPLETE THE INFORMATION BELOW
Member Name:
Member ID:
Member Date of Birth:
Member Signature:
Date of Eye Exam:
Result:
Name of Provider/Practice:
Location Address:
Location Phone:

CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage DSNP, Inc. and CareFirst Advantage, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Getting your healthy reward is easy



Call the ophthalmologist or optometrist to schedule your retinal eye exam. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment or have it available to fill out the form with the provider to confirm your visit was completed..



During your appointment, ask the eye care professional to complete the form, sign, and date it.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed form to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

CareFirst BlueCross BlueShield  
Advantage DualPrime  
Attn: Quality Dept.  
P.O. Box 915  
Owings Mills, MD 21117