



## Aetna Better Health® of Virginia

### Schedule your yearly diabetes well visit

#### Time for your yearly diabetes well exam

Aetna Better Health of Virginia wants our members to get their yearly well exams and diabetes tests. If you have diabetes you should be tested at least once a year. Schedule an appointment to see your Primary Care Provider (PCP) today. Ask your doctor to check your blood pressure, perform a kidney evaluation, and order a Hemoglobin A1c blood test. Then call and schedule a diabetic eye exam with your Ophthalmology provider. If you need help finding a PCP or Ophthalmology provider, call Member Services **1-800-279-1878 (TTY/TDD: 711 or 1-800-828-1120)**.

Members, bring this form with you when you go to your PCP for the services below.

After your PCP completes and faxes back to us, we'll send you a **\$25 gift card\***.

**Please note:** there may be an annual limit on your total incentive amount that you could receive per calendar year.

**All services must be completed by December 31 of this year.**

*\*One gift card per member, per qualifying year. Must be an Aetna Better Health of Virginia member at the time of the visit.*

[AetnaBetterHealth.com/Virginia](https://www.aetna.com/betterhealth/virginia)

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Aetna Better Health® of Virginia

Member or provider, complete this form and fax it back to us at **844-203-0020** or email to **QualityManagementprograms@aetna.com**

**Member name (print)** \_\_\_\_\_

**Member ID #** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Member Date of Birth** \_\_\_\_\_

**Ophthalmologist Name (Print)** \_\_\_\_\_ **Provider ID # (provider use only)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Date of Visit** \_\_\_\_\_

**PCP Name (Print)** \_\_\_\_\_ **Provider ID # (provider use only)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Date of Visit** \_\_\_\_\_

**Check services completed on date of visit:**

- Blood pressure check
- A1C blood test
- Diabetic eye exam
- Kidney evaluation

**Provider use only:**

**Check all services that are not needed for patient in current year.**

- Blood pressure check
- A1C blood test
- Diabetic eye exam
- Kidney evaluation

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ENGLISH:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

**SPANISH:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104 (TTY: 711)** 번으로 연락해 주십시오.

**AetnaBetterHealth.com/Virginia**



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