

## Reward yourself for routine screenings!

If you are a CarePartners of Connecticut HMO or PPO member, you can earn a \$75 prepaid Visa® reward card for completing routine diabetes screenings.

Questions? Call us at  
**1-857-304-8024 (TTY: 711)**



## As easy as 1, 2, 3

- 1 Complete these screenings in calendar year 2021:**
  - 1 retinal eye exam
  - 1 urine protein test
  - 1 hemoglobin (A1c) test
- 2 Ask your provider to confirm the dates of services and sign the form.**  
**Tip:** Only one provider needs to sign this form. Make sure your primary care provider receives your retinal eye exam report if performed by a different provider.
- 3 Return the completed form by 11/30/2021.**

## Member Information

First Name	M.I.	Last Name	Member ID Number
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Street Address		City	State      ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
Date of Birth	Phone	Email	
<input style="width: 20%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 55%;" type="text"/>	

## Provider and Services Information (to be completed by Provider)

Provider Name	Provider NPI
<input style="width: 95%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Medical Group	Phone      Fax
<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>

Screening Completed	Date of Service (2021)
<input type="checkbox"/> Retinal eye exam	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Urine protein test	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Hemoglobin (A1c) test	<input style="width: 100%;" type="text"/>
Provider or Designee signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### Return completed form to:

Attn: MS# 75—CPCT Rewards Coordinator  
 CarePartners of Connecticut  
 P.O. Box 9164  
 Watertown, MA 02471  
**Or, by fax:** 1-617-673-0782