

Dear Member:

**We have \$10 waiting just for you!** When you complete your Annual Diabetic Eye Exam between January 1 and December 31, 2019, we will reward you with a \$10 gift card to Subway or JCPenney.

Diabetes that is not well managed can lead to diabetic retinopathy and other eye-related problems. A yearly Diabetic Eye Exam can help prevent vision loss. It can catch some conditions early enough for treatment, and keep current conditions from getting worse.

Start getting healthy and earn your rewards today. It's as easy as 1-2-3!

1. Have your doctor/provider fill out and sign the preventive services form on page 2.
2. Once the form has been signed, select your \$10 gift card, Subway or JCPenney.
3. Mail or fax the completed form by December 31, 2019. Your gift card will be mailed to you; please allow 8 to 12 weeks for processing.

Please return the preventative services form on page 3.

If you have any questions about this incentive program, please call our Customer Care Center at (877) 874-3930, TTY 711, 8 a.m. to 8 p.m., 7 days a week.

Thank you,

Quality Management Department  
Banner – University Care Advantage

## **FREQUENTLY ASKED QUESTIONS – Q & A**

### **Q. What if I forget to choose which gift card I want?**

A. If you do not choose a gift card, we will send you a JCPenney gift card.

### **Q. What if I forgot my form when I went to my appointment?**

A. You or your provider's office can download a new form from our website at [www.BannerUCA.com](http://www.BannerUCA.com).

### **Q. What if I lose my gift card or it is stolen?**

A. Lost or stolen gift cards will not be replaced.

Banner – University Care Advantage is an HMO SNP with a Medicare contract. Enrollment in Banner – University Care Advantage depends on contract renewal.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (877) 874-3930 (TTY: 711).

Banner – University Care Advantage (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (877) 874-3930 (TTY: 711).

## Preventive Services Form: Medicare Annual Diabetic Eye Exam

Member Name:

Member ID Number:

Member DOB:

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\_\_\_\_\_

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**For Providers:** Please confirm member with diabetes, 18-75 years of age, completed their Annual Diabetic Eye Exam, between January 1 and December 31, 2019. If the service cannot be medically performed, please note below.

### MEDICARE ANNUAL DIABETIC EYE EXAM

Valid: Completed in 2019

Date of Service:

Doctor Name:

Doctor Signature:

### For Member:

**Choose your \$10 Gift Card:** Please make only one selection. \*

Subway    JCPenney

\*If you do not make a selection, we will send you a JCPenney gift card.

**Mail or Fax Form:** When the service has been completed, please mail or fax this form.

**By Mail:**

Banner – University Care Advantage  
Attn: Quality Management Dept.  
2701 E. Elvira Road  
Tucson, AZ 85756

**By Fax:** (520) 874-3470

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Thank you!

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