BlueChoice® HealthPlan of South Carolina Medicaid

South Carolina Healthy Connections

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BlueChoice® HealthPlan of South Carolina Medicaid

Want a clear picture of your health?

Then take good care of your eyes. Schedule a dilated retinal eye exam every year.

Diabetes can hurt your eyes. And sometimes it happens so slowly you can't even tell. A yearly eye exam lets your doctor check for damage.

What you should know about the exam:

- It is not an exam for eyeglasses.
- The test should be done by an eye care specialist. Call an ophthalmologist or an optometrist in your health plan network.
- Before the exam, the doctor will dilate your eyes with eye drops. He or she will look at the back of your eyes (the retina) to check for signs of damage.
- The test may show changes to the nerves or blood vessels of your eye due to your diabetes. If it does, your doctor can talk about ways to treat it.

What you should do now:

- If you have diabetes, your eye exam is covered when you see an eye doctor who's in your health plan network.
- To find an eye doctor near you, go to **www.BlueChoiceSCMedicaid.com.** Or you can call the toll-free Customer Care Center number.
- Let the eye doctor's office know you have diabetes when you call for an exam.
- Fill out the top part of the card below. Take it with you to the eye exam.
- Ask your eye doctor to fill out the bottom part and send it to your primary care doctor.

We can translate this at no cost. Call the Customer Service number on your member ID card.

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID card).

Please fill out the top part of the tear-off card below. Take the card to your eye doctor. Ask your eye doctor to fill out the Exam Findings and send the card to your primary care doctor.

Patient name: _____ Date of birth: _____

Primary care doctor: _____ Phone: _____ Fax: _____

Primary care doctor's address: _____

City: _____ State: _____ ZIP: _____

Dear Doctor: Please perform a diabetic dilated retinal eye exam and send this report back to my primary care provider.

Exam Findings

Dilated fundus exam performed ☐ Date: _____

Diagnosis:		OD	OS	Plan:
	No diabetic retinopathy			☐ Monitor ☐ Additional testing/treatment recommendations:
	Non-proliferative diabetic retinopathy ☐ Mild ☐ Moderate ☐ Severe			
	Proliferative diabetic retinopathy			Follow up: _____ months
	Clinically significant macular edema			Additional comments:
Doctor signature:				

Source: AOA Diabetes Report Form adapted from www.aoa.org/documents/AOA-Diabetes-Report-Form.pdf.