



Maricopa County Diabetes Management Program

Employee Instructions: Take this form with you to your next dental appointment. Ask the dentist to complete the date(s) of the exam and sign this form. A dated receipt, also called a Superbill, is acceptable verification if it contains information showing the specific exam was completed.

Direct questions regarding completion of this form or the Diabetes Management Program to:

Employee Benefits

602-506-1010 (*press option 2 and option 2 again*)

BenefitsService@mail.maricopa.gov

Deliver the completed form to:

Employee Benefits

301 W. Jefferson St., Suite 3200

Phoenix, AZ 85003

Or fax the form to (602) 506-2354.

Requirement	Annually	Date Completed		Dentist's Name
Oral Exam	Semi-Annually			
Cleaning	Semi-Annually			

Participant Name

Employee Name

Employee ID

Dentist's Signature

Date