



## Maricopa County Diabetes Management Program

**Employee Instructions:** Take this form with you to your next eye appointment. Ask the ophthalmologist or optometrist to complete the date 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](mailto: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	Name
Dilated Retinal Eye Exam			

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date