



## Maricopa County Diabetes Management Program

**Doctor Exam:** Hemoglobin, Foot Exam, Fasting Lipid Panel, Kidney Function

**Employee Instructions:** Take this form with you to your next doctor appointment. Ask the doctor to complete the date(s) of the test and sign this form. **Please do not have test results included.** A dated receipt, also called a Superbill, is acceptable verification if it contains information showing the specific test 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.

*Do not fax forms one at a time. Please fax all forms together at one time.*

Test	Test Type/Description	Frequency	Date Completed	Doctor's Name
Hemoglobin A1c	Blood test measures the blood sugar control over the past 90 days	Semi-annually		
Comprehensive Foot Exam	Tests for amount of feeling in feet: includes monofilament, tuning fork, palpation and visual exam	Annually		
Fasting Lipid Panel	Total cholesterol, LDL, HDL, and triglycerides	Annually		
Kidney Function	Microalbuminuria Screening	Annually		

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Participant Name

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

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

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

\_\_\_\_\_  
Date