



Maricopa County Diabetes Management Program

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

Deliver the completed form to:

Employee Benefits

301 W. Jefferson St., Suite 3200

Phoenix, AZ 85003

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

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		

Participant Name

Employee Name

Employee ID

Physician's Signature

Date