

# Diabetes Management Rebate (\$100)

Questions about how to complete this form? Call 801-366-7300 Mon-Fri (8 a.m. to 5 p.m.) or send a message via the Message Center in your personal account at [pehp.org](http://pehp.org)

Submit the completed form to PEHP Healthy Utah: Send via the Message Center by logging in to your personal account at [pehp.org](http://pehp.org)

**Verification:** Please have this form completed and signed by your Physician.

## Contact Information

NAME (Please Print)	BIRTH DATE	PEHP ID NO.	TODAY'S DATE
EMAIL ADDRESS		PHONE NUMBER	
PHYSICAL ADDRESS		CITY	ZIP CODE

## Instructions

If you have a diabetes diagnosis, you may take the following steps to earn the Diabetes Management Rebate.

- Your rebate form must be signed by your Physician to verify diagnosis of diabetes and completion of yearly medical exams.
- If you choose to participate in an education session with a Certified Diabetes Educator (CDE) or dietitian to fulfill rebate requirements, form must also be signed by the CDE or dietitian.
- After completing the requirements, submit this completed rebate form through the Message Center on your PEHP online account at [pehp.org](http://pehp.org).

**To qualify for a yearly rebate of \$100**, complete all of the following criteria and submit rebate form. Check boxes upon completion and submit rebate form at one time.

**1**  Select **ONE** of the following:

- A**  Complete an education session with a Dietitian
- B**  Participate in PEHP Diabetes and You Online Class  
Date completed: \_\_\_\_\_
- C**  Watch 2 PEHP Wellness Webinars of your choice  
Webinar Names: \_\_\_\_\_  
and \_\_\_\_\_

- D**  Participate in one PEHP Wellness Challenge  
Challenge Name: \_\_\_\_\_  
  
Go to [www.pehp.org/wellness](http://www.pehp.org/wellness) for information on how to register for the wellness programs listed above in B, C, and D. PEHP will verify participation.

- 2**  Yearly check for kidney function
- 3**  Yearly Diabetic foot exam
- 4**  Yearly dilated retinal exam (check box to verify patient is current with retinal exams)
- 5**  Prescribed a Statin. If not, explain: \_\_\_\_\_
- 6**  Blood pressure: \_\_\_\_\_
- 7**  HgbA1C: \_\_\_\_\_

**Verification and Signature Required – See Reverse**

FOR INTERNAL USE ONLY	
Verification _____	Notes _____
Initials _____	_____

## Verification

*I verify this patient has completed an education session with me.*

CERTIFIED DIABETES EDUCATOR (CDE) or DIETITIAN NAME (Please Print)	CDE OR DIETITIAN SIGNATURE	DATE OF SESSION
CDE or DIETITIAN PHONE NUMBER	CDE OR DIETITIAN ADDRESS	

*I verify this patient has been diagnosed with diabetes and I verify the accuracy of the information above.*

PHYSICIAN'S NAME (Please Print)	PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S ADDRESS	

11-13-23

## Informed Consent & Release

### Confidentiality:

I understand the information I have provided in this form is strictly confidential and will not be shared outside of PEHP Health & Benefits, a program of the Utah Retirement Systems ("PEHP"), without my authorization. As a participant of PEHP Healthy Utah, I give permission and understand that my records may be reviewed by PEHP Healthy Utah and PEHP employees. I further understand that I may be contacted by PEHP Healthy Utah or PEHP staff for follow up education or I may be referred to specialized programs. I understand that results on this form and from the online Health Questionnaire will be tracked over time for evaluation purposes. I also understand that PEHP Healthy Utah and PEHP may report results from this form and the online Health Questionnaire(s) to my employer but only as a group, and not as individually identifiable data. Specifically, if my employer participates with the WellRight LLC ("WellRight") wellness tracking system, I voluntarily authorize and request the use and disclosure (including paper, oral, and electronic interchange) by PEHP of my health information provided and described herein into the WellRight tracking tool on my behalf for purposes of my participation in the wellness program.

### Assumption of Risk and Release and Waiver:

I consent to voluntarily participate in PEHP Healthy Utah and fully assume any and all risks associated with my participation. I declare that (1) I am free of any known heart or other serious problems; or (2) I have written approval from my physician to participate in PEHP Healthy Utah. In consideration of the information that I will receive from my participation in the program and for other good and valuable consideration, I waive and release all rights and claims against PEHP and the persons administering PEHP Healthy Utah for any and all injuries, ailments, or other consequences that I may suffer from my participation in PEHP Healthy Utah, including but not limited to the biometric screening, online Health Questionnaire, and other activities, programs, and events within PEHP Healthy Utah.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_