



Aetna Better Health® of Virginia

9881 Mayland Drive
Richmond, VA 23233

This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.



Aetna Better Health® of Virginia
Schedule your yearly diabetes well visit

aetnabetterhealth.com/virginia

Time for your yearly diabetes well exam

Aetna Better Health of Virginia wants our members to get their yearly well exams and diabetes tests. If you have diabetes you should be tested at least once a year. Schedule an appointment to see your Primary Care Provider (PCP) today. Ask your doctor to check your blood pressure and order a Hemoglobin A1C blood test. Then call and schedule a diabetic eye exam with your Ophthalmology provider. If you need help finding a PCP or Ophthalmology provider, call Member Services **1-800-279-1878** (TTY/TDD: **711** or **1-800-828-1120**).



Members, bring this form with you when you go to your PCP for the services below.

After your PCP completes and faxes back to us, we'll send you a **\$25 Walmart gift card.***

All services must be completed by December 31, 2021.

*One gift card per member, per qualifying year. Must be an Aetna Better Health of Virginia member at the time of the visit.

Incentive form

Member name (print) _____

Member ID # _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____

Member Date of Birth _____

Check services completed on date of visit:

- ☐ Blood pressure check
- ☐ A1C blood test
- ☐ Diabetic eye exam

Providers, please complete this form and fax it to us at 844-203-0020.

Ophthalmologist Name (Print) _____ Provider ID # _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Date of visit _____

PCP Name (Print) _____ Provider ID # _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Date of visit _____