HEDIS Department
Email: HEDIS@MyiCareHealth.com

Fax: 305-768-2400

HEDIS DIABETIC RETINAL SCREENING
REGISTRATION FORM

Please complete this form and submit to us at HEDIS@MyiCareHealth.com.

CONTACT INFORMATION			
***HEDIS Contact Name:**		*** Location NPI #**	
***HEDIS Contact Email:**			
***HEDIS Contact Phone:**	**Ext.**	***HEDIS Contact Fax:**	
***Results to:**	***Name:**	***Email:**	***Fax #:**

PROVIDER PRACTICE INFORMATON			
***Group Name:**		***Location Phone:**	
***Location Name:**		***Location Fax:**	
***Location Address:**			

****Required Fields***

HMO Names	PCP Names with NPI #'s

By agreeing to participate in our Primary Care Diabetic Screening Program, you acknowledge and agree that this screening is NOT a comprehensive dilated eye examination, nor a substitute for an in-person visit to an eye care physician. This is solely a limited screening to determine whether your patient may have signs of diabetic retinopathy as a result of diabetes. If diabetic retinopathy is left untreated, there is a potential risk of painful loss of vision. These optometric services are requested solely by your office. You are agreeing to grant access to your office space for the purpose of rendering optometric services (diabetic retinal screening) to your patients.

Authorized Representative's Signature **Date**

HEDIS Program Administered by iCare Health Solutions
For questions please email us Monday through Friday 8:30 am to 5:00 pm Eastern Time.