



Wah-Zha-Zhi Health Center

OFFICE USE	DIABETES PROGRAM ASSISTANCE APPLICATION	APP #	2018
TYPE OF ASSISTANCE	(CIRCLE ONE) EYEGLASSES DENTAL FOOT CLINIC	Application Date:	
Verification Date:	Process date:	Approval/Denial date:	

Name: _____ Chart #: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Tribal Affiliation: _____

 Medicare
 Vision Insurance

 Medicaid
 Dental Insurance

 Health Insurance
 Tribal assistance

The Osage Nation Diabetes requires a current copy of your driver's license/state issued ID, CDIB/Membership Card and any/all health insurance cards.

Doctor's name/clinic: _____ last visit: _____

Dentist's name/clinic: _____ last visit: _____

Eye Doctor's name/clinic: _____ last visit: _____

Date and type of past assistance received by this program:

Please check all that apply:

____ Diabetes Type 1

____ HgbA1c 8.0 or less

____ Diabetes Type 2

____ Diabetes Program Participant

____ Diabetes complications?

If yes, please describe:

Signature

Date

***All dental work done prior to denture placement will be the participant's responsibility.

***Incomplete/inaccurate applications that have not been corrected within **30 days** of notification by the Osage Nation Diabetes Program Administrative Assistant will be considered null and void.

***It is the participant's responsibility to notify the Diabetes Program Administrative Assistant when requirements have been met.

PROGRAM NOTES:

General Requirements:

- Utilizes the Wah-Zha-Zhi Health Center
- Diagnosed with diabetes prior to or during FY 2018
- Active Patient within the Diabetes Program
- Download glucometer 2x in the previous 12 months
 - o _____
 - o _____
- Completed all yearly health exams
 - o Annual physician visit _____
 - o Annual foot exam _____
 - o Annual dental visit _____
 - o Annual dilated eye exam _____
 - o Annual registered dietitian _____
 - o Annual lab _____
 - o Diabetes program visit _____

Optical Assistance:

- Age birth-99
- HgbA1c 8.0 or less. Must maintain an HgbA1c of 8.0 or less. (Exceptions can be made if patient has lowered their HgbA1c by 2 points with in the previous 12 months.)
- Must have HgbA1c drawn 2 times in the previous 12 months.
 - o _____
 - o _____
- Last time patient received optical assistance: _____
 - o Patient who have received assistance through the optical program in the previous 12 months do not qualify.
- Vision and eyeglasses must be provided by an I.H.S./Tribal Urban facility
 - o Payment will be made directly to the facility on behalf of the patient
 - o Patient will be responsible for any additional charges that are not required to medically improve vision
 - o Patients are required to exhaust all other resources to qualify for assistance
 - o Assistance will be limited to \$150.00 per qualified patient

Dental Assistance:

- Age birth-99
- HgbA1c 10.0 or less. Must maintain an HgbA1c of 10.0 or less. (Exceptions can be made if patient has lowered their HgbA1c by 2 points with in the previous 12 months.)
- Must have HgbA1c drawn 2 times in the previous 12 months.
 - o _____
 - o _____
- Last time patient received denture assistance: _____
 - o Patients who have received assistance through the denture program in the previous 5 years do not qualify.
- Dentures must be provided by an approved provider.
 - o Payment will be made directly to the provider on behalf of the patient.
 - o Program will not pay for cosmetic denture-related services
 - o Patients will be required to exhaust all other resources to qualify for assistance.
 - o Assistance will be limited to \$800.00 per qualified patient.

Diabetic Foot Care Clinic:

To participate in the Diabetic Foot Care Clinic, participants must follow the first four requirements listed under "General Requirements" and

- Ages 18-99
- HgbA1c 14.0 or less

APPLICATION APPROVED AND SENT TO ACCOUNTING: _____

CHECK #: _____ **DATE FORWARDED TO PROVIDER:** _____

APPLICATION PROCESS COMPLETE AND RECORD FILED: _____ **BY:** _____