

FREMONT COUNTY WELLNESS PROGRAM

2020 DISEASE MANAGEMENT PROGRAM REQUIREMENTS FOR DIABETES

The Fremont County Wellness Program offers a prescription coverage benefit to members that covers medications for blood pressure, cholesterol, asthma, and diabetes. Participants are asked to complete certain requirements for participation in the program. Please sign below stating these requirements have been met within the current year.

Note to Member: Forms are due by December 31 to avoid removal from the program Jan 31.

Name of Member: _____

1. Blood Pressure Monitoring At Least 12 Times

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

2. Screening for Glucose & Cholesterol (completed within 24 months)

Date: _____

3. Hemoglobin A1c Screening Completed within 12 Months

Date: _____

4. Annual Medical Visit to Renew Medications Covered Under The Program

Date: _____

Physician's Signature: _____ Date: _____

Please Print: _____

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