

Annual eye exam

Ages 18 and older for members living with diabetes

You can earn a \$25 gift card for completing one eye exam per year.
You can choose a Target or Walmart gift card.

To earn a gift card:

- You must be a member of Hennepin Health at the time of the eye exam and when the voucher is redeemed.
- You must have a diagnosis of diabetes.
- Your provider must be in the Hennepin Health network.
- Contact your provider to schedule your eye exam.

Follow these instructions to receive your gift card:

1. Fill out the member portion of the form below and ask your provider to fill out the provider portion.
2. Return the completed form to Hennepin Health.
3. You will receive your gift card in 4-6 weeks.

Note: We can't replace lost or stolen gift cards.

If you don't make a gift card selection, we will make one for you.

☐ Check this box if you'd like to pick up your gift card at our Member Service Center. We'll call you when it's ready.

Questions?

Call Hennepin Health Member Services

Local: 612-596-1036

TTY: 711

Visit *Healthwise Knowledgebase*® to learn more about how you can manage diabetes and for additional resources: www.healthwise.net/hennepin

*Fill out this
form with
your provider*



To be completed by member			
First name		Middle initial	Last name
Date of birth	Hennepin Health ID number		Phone number
Street address			
City		State	Zip code
			Gift card choice ☐ Target ☐ Walmart
To be completed by provider			
Date of eye exam	Does the patient have a diagnosis of diabetes noted in their chart: Yes ☐ No ☐		
Provider signature		Date	
Clinic name/stamp		Clinic phone number	
Hennepin Health use only Approved by:			

This rewards program may change without notice. Call Member Services for the most recent information.

TAPE
HERE

DHS approved 9/25/2025
PH-1808-MC



612-596-1036

hennepinhealth@hennepin.us

Discrimination is against the law. Hennepin Health does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

Attention. If you need free help interpreting this document, call the above number.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

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LB2 (10-20)

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**Annual eye exam voucher
— \$25 gift card**

