THE PENNSYLVANIA
DIABETIC
EYE HEALTH
ALLIANCE

Agreement

I agree to adhere to the conditions and requirements of The Pennsylvania Diabetic Eye Health Alliance as set forth below.

Conditions & Requirements

1. I shall communicate the results of all examinations to the health care professionals involved in the care of every diabetic patient, with emphasis on the diabetic patient's primary care physician. Other reports may be generated for referring ophthalmologists, internists, diabetologists, endocrinologists, etcetera as appropriate.

2. I shall provide expedient scheduling to every diabetic patient, with every effort made to schedule the patient within 1 week, or at the time interval of the physician requesting the consult.

3. I shall provide consistent reporting to third party payers for every diabetic patient.

4. I shall ensure proper billing and coding for all diabetic patients, including billing the patient's medical insurance for medical exams when available.

5. I shall embrace the alliance with other diabetic care providers, including podiatry, dentistry and pharmacy.

6. I shall follow the optometric practice standards set forth in the Pennsylvania Diabetes Primer, which includes AOA's Clinical Practice Guidelines.

WHEREFORE, I hereby sign and agree to the conditions and requirements of this Agreement.

Date: _____

Doctor Printed Name	**Email Address**	**NPI Number**

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