

We are very interested in providing you with information regarding self-management of diabetes. Please list below any topics that you would like to see included in the Diabetes Education Program materials.

By enrolling in the Diabetes Education Program, you are automatically enrolled in the "Diabetes Control Network[®]," a program sponsored by Pfizer, Inc.

The Diabetes Education Program is for health education purposes only. We do not offer medical advice or medical services. Members should always consult their treating physician(s) for any medical advice or services. The member is responsible for selecting providers, services or products. **All referenced health services may not be covered under a health plan. Please check the terms of your health plan or insurance policy for coverage of services.** Information furnished by the member is kept strictly confidential and only used to provide information necessary for participation in or analysis of the Diabetes Education Program.

By my signature, I hereby indicate my decision to enroll in the Diabetes Education Program. I understand that there is no cost to me or my family for this program. I further authorize Arkansas Blue Cross and Blue Shield, Health Advantage or BlueAdvantage to communicate with my physician(s) regarding any related treatment or records of treatment, and to release my identity and related records for the purpose of my participation in the Health Survey and other aspects of the Diabetes Education Program as described in the Diabetes Education Program brochure. My information will not be furnished to third parties to include in shared mailing lists with other companies or organizations.

Signature (Required): _____ Date: _____

En el futuro, me gustaría recibir correspondencia en español.

Para inscribirse en la Red del control de la diabetes (Diabetes Control Network[®] en inglés), llene este formulario o llame al 1-800-DCN-5554 para inscribirse en español.

Welcome to the Program!