



We heal and inspire the human spirit.

To: <<Vision Provider Name/Facility>>
From: IEHP – Provider Relations
Date: <<Date>>
Subject: 2023 Vision Provider Member List

Dear IEHP Vision Care Provider: <<Provider Name>>,

We would like to thank you for agreeing to outreach to IEHP Members in your area who need a retinal or dilated eye exam as part of IEHP's 2023 Member Incentive Program.

Attached is contact information for IEHP Members in your immediate area who need a retinal or dilated eye exam. The expectation is that your office will outreach to these Members to have this service scheduled and completed by **December 31, 2023**. In addition to the normal authorization protocol and claim submission, it is also expected that you **forward the results of the examination using the attached PCP Vision Report by fax to IEHP at (909) 477-8568 and to the Member's Primary Care Provider**. Please ensure that the fax clearly indicates the Member's identifying information, date of exam and result.

As a reminder, IEHP offers a \$25 gift card to Members on the list for completing the eye exam by the end of the year. **Please feel free to mention the gift card to the Members on the IEHP Provider list only** when scheduling the retinal or dilated eye exam appointment.

If you are unable to complete this outreach by December 31, 2023, please let us know as soon as possible so IEHP can ensure these Members are contacted to receive this very important examination.

Please note, the provided contact information can only be used as part of this outreach effort and may not be used for any other purpose.

Sincerely,

Chief Operating Officer, IEHP