Other Medical Expenses (OM) Section

BOX_01A
=======
----------------------------------------------------
| IF ROUND 3, CONTINUE WITH BOX_01B                  |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01     |
----------------------------------------------------

BOX_01B
=======
----------------------------------------------------
| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES,         |
| CONTINUE WITH OM01A                                |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/   |
| CONTACT LENSES), GO TO BOX_01                     |
----------------------------------------------------

OM01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EVN-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2003?

[Enter Number of Times]....................
REF..................................... -7
DK..................................... -8
OM01B

(Person's First Middle and Last Name) (EVN-DT)

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2004?

[Enter Number of Times]...............
REF......................................... -7
DK..................................... -8

---------------------------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE CP SECTION. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |
---------------------------------------------------------------------

BOX_01

---------------------------------------------------------------------
| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES, GO TO OM02 |
---------------------------------------------------------------------
Note:

No utilization section is required for 

{glasses or contact lenses/ambulance services/orthopedic items/hearing devices/prostheses/bathroom aids/medical equipment/disposable supplies/alterations or modifications/\{text from other specify\}}.

Press enter to continue.
NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE COLLECTED LATER.

PRESS ENTER TO CONTINUE.

| DISPLAY ‘INSULIN’ IF OM ITEM TYPE BEING ASKED ABOUT IS INSULIN. DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF OM TYPE BEING ASKED ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES. |

| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS ‘PROCESSED’. INSULIN AND OTHER DIABETIC EQUIPMENT AND SUPPLIES WILL BE PROCESSED THROUGH CP AS PRESCRIBED MEDICINES. |

| GO TO THE EVENT DRIVER (ED) SECTION |