Other Medical Expenses (OM) Section

BOX_01A
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-------------------------------------------------------------------
| IF ROUND 3, CONTINUE WITH BOX_01B                                 |
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-------------------------------------------------------------------
| OTHERWISE, GO TO BOX_01                                          |
-------------------------------------------------------------------

BOX_01B
======

-------------------------------------------------------------------
| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES,                      |
| CONTINUE WITH OM01A                                           |
-------------------------------------------------------------------

-------------------------------------------------------------------
| OTHERWISE, GO TO BOX_01                                        |
-------------------------------------------------------------------

OM01A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

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

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

-------------------------------------------------------------------
| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL.                   |
-------------------------------------------------------------------
OM01B

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

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

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

---------------------------------------------------------------------------------------------------------------------
| (FOR SPECIFICATIONS ONLY; CAPI HANDLES AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS SECOND CALENDAR YEAR OF PANEL. |
---------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------------
| 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 INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES, GO TO OM02 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH OM01 |
-----------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}{END-DT}

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 OR SELECT NEXT PAGE TO CONTINUE.

%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
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%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
| 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
%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
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 OR SELECT NEXT PAGE TO CONTINUE.

----------------------------------------------------
<p>| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED      |
| ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC          |
| EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED      |</p>
<table>
<thead>
<tr>
<th>ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS        |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS       |</p>
<table>
<thead>
<tr>
<th>PRESCRIBED MEDICINES.</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>GO TO BOX_02</th>
</tr>
</thead>
</table>

BOX_02
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<table>
<thead>
<tr>
<th>GO TO THE EVENT DRIVER (ED) SECTION</th>
</tr>
</thead>
</table>