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 |
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BOX_01B
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| 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}?

NUMBER OF TIMES

[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}? 

NUMBER OF TIMES

[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
|------------------------------------------------------------------------
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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flag the OM Charge/Payment (CP) section as 'Processed'. Insulin and other diabetic equipment and supplies will be processed through CP as prescribed medicines.</td>
</tr>
<tr>
<td>Go to Box_02</td>
</tr>
</tbody>
</table>

| Go to the Event Driver (ED) section |

<table>
<thead>
<tr>
<th>Box_02</th>
</tr>
</thead>
</table>