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. |
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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. |
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |
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BOX_01
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| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES, GO TO BOX_03 |
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| OTHERWISE, CONTINUE WITH BOX_02 |
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OM01
====
OMITTED.

BOX_02
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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                                     |
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |
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OM02
====
OMITTED.

BOX_03
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| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |
| ‘PROCESSED’. INSULIN AND OTHER DIABETIC EQUIPMENT |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |
| PRESCRIBED MEDICINES.                       |
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| GO TO BOX_04                                |
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BOX_04
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| GO TO THE EVENT DRIVER (ED) SECTION         |
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