



Participant Application

PEIA Diabetes Program
C/o Wells Fargo TPA
Attn: Cindy Mahone
PO Box 608
Charleston, WV 25329
Toll-free: 1-866-688-7493
Fax: 304-353-7616
www.peiaf2f.com

Name: _____

PEIA #: _____ Advantra # _____ Humana # _____ SS #: _____

Gender: _____ Male _____ Female _____ Date of Birth: _____

Address: _____ Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Contact Phone: _____ Email Address: _____

Race (Optional): White/Caucasian _____ Asian/Pacific Islander _____ Aleutian/American Indian _____
Other _____ Hispanic/Latin American _____ Black/African American _____

Employed: Yes _____ No _____ Employer: _____ Occupation: _____

Marital Status: Married _____ Divorced _____ Single _____ Widowed _____

Highest Education Completed: 8th Grade or Less _____ Some High School _____ High School Graduate _____
Some College _____ College Graduate _____ Any Post-Graduate _____

Check all applicable programs: _____ Diabetes _____ CAD *Tug River Patient Only*

Please choose a Provider from enclosed list: _____

Please choose a Provider Location from enclosed list: _____

Medical Home Physician: _____ Tel#: _____

Address: _____ Street Address _____ City _____ State _____ Zip _____

Specialty Physician: _____ Tel#: _____

Address: _____ Street Address _____ City _____ State _____ Zip _____

Household adults 18 or older # _____ Household members with Diabetes # _____
Household children younger than 18 # _____
Total number in household # _____ Household members using tobacco # _____

Has a physician/provider ever told you that you have any of these chronic conditions?
Diabetes _____ Asthma _____ Hypertension/High Blood Pressure _____ Depression _____

Year of Diabetes onset: _____ Are you a tobacco user? Yes _____ No _____

Diabetes Type: _____ What is your current level of diabetes control?

Type 1 _____ Type 2 _____ Excellent _____ Good _____ Fair _____ Poor _____