



Fax form with physician's signature to 480.998.5247 or 1.866.439.4694

PATIENT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Ph \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance  Medicare  Medicaid  Private \_\_\_\_\_

▶ DIABETES ICD-9 DIAGNOSIS

- 250.01
- 250.03
- 250.00
- 250.02
- 648.30
- 369.00 (also check 250.00/250.01)

HCP INFORMATION

Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
NPI# \_\_\_\_\_

Testing Frequency \_\_\_\_\_ /per day \_\_\_\_\_

Dispense Insulin Pump Supplies

(Infusion Sets, Cartridge/Reservoir, Prep Wipes, Batteries)

- Insulin Pump Model \_\_\_\_\_
- Pt needs insulin pump
- Pt already has insulin pump

Approved Services

Meter \_\_\_\_\_ Lancing Device \_\_\_\_\_  
Test Strips \_\_\_\_\_ Control Solution \_\_\_\_\_  
Lancets \_\_\_\_\_

Frequency of Infusion Sets/Cartridge/Reservoir Change

- 3 days  2 day  Other \_\_\_\_\_

▶ MEDICARE UTILIZATION GUIDELINES

Medicare allows for non-insulin treated: 1x/day or less:  
insulin treated:3x/day or less

- ▶ 1. Has the patient been seen and had their diabetes evaluated in the last 6 months?  yes  no

If you prescribe testing that exceeds these guidelines please complete the following:

- ▶ 2. I have documented in the patients' medical record The # times testing and the reason for high testing as:
  - Fluctuating Blood Glucose  Hypoglycemia
  - Hypertension  Uncontrolled Blood Glucose
  - Other \_\_\_\_\_

▶ PHYSICIAN SIGNATURE \_\_\_\_\_ ▶ Date \_\_\_\_\_

For additional information call us @ 1.888.880.8378 or 480.998.5551

or visit [www.directdiabetic.com](http://www.directdiabetic.com)

13402 N Scottsdale Rd Ste A125 ° Scottsdale ° AZ 85254