Diabetic Supplies Order Request Form

For IEHP Patients Only

PATIENT INFORMATION

Name: _____

DOB: _____ Phone: _____

Address: _____

Member ID: _____

PATIENT'S MOST RECENT

A1C: _____% Date: _____

LDL: _____mg/dL Date: _____

BP: _____/_____ Date: _____

Date of Last Eye Exam: _____

Patient's Diabetes Type (Select One):

☐ Type 1 (E10.9) ☐ Type 2 (E11.9) ☐ Prediabetes (R73.03) ☐ Gestational (O24.419) **EDD:** _____

Patient's Insulin Status (Select One): ☐ **Non-Insulin-dependent** ☐ **Insulin-dependent**

Insulin and Non-Insulin medications taken by patient as part of their diabetes management regimen:

_____

ORDER INFORMATION

Before selecting a testing frequency, please note the following insurance limitations:

- Non-Insulin Dependent: Maximum 2x/day without medical justification
- Insulin Dependent: Maximum 4x/day without medical justification

Testing Frequency (Select One): ☐ **1x/day** ☐ **2x/day** ☐ **3x/day*** ☐ **4x/day*** **Other:** _____

Refills available for patient's program life without medical justification

Brand dispensed is based on insurance formulary with quantities sufficient for 100 days (or 7 days after EDD) & includes:

Item	Direction	Quantity
Glucometer**	Use as directed	1
Lancing Device**	Use as directed	1
Control Solution***	Use to test accuracy of the meter	1
Test Strips	Use to test blood sample	See Testing Frequency
Lancets	Use to collect blood sample	See Testing Frequency

***Included in the initial package only* ****Will only be dispensed upon patient's request*

***Medical Justification** Required if testing **>2x/day (non-insulin)** or **>4x/day (insulin)** – only 3 month supply with NO REFILLS

☐ Uncontrolled Blood Glucose (requires 3 readings <70 or >200 mg/dL within past 3 months) _____, _____, _____

☐ Insulin Pump Therapy ☐ Sliding Scale Insulin Therapy ☐ Other: _____

PRESCRIBER INFORMATION

Name: _____

NPI: _____

Phone: _____ Prescriber Signature: _____

Fax: _____ Today's Date: _____

****Note: In compliance with HIPAA, diabetic supplies can only be mailed AFTER patient has spoken with Preveon Health.****