

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
 Patient Address: _____
 Patient Email: _____ Phone: _____

PHYSICIAN'S ORDER / PRESCRIPTION

Item	Brand & Model	Dispense Qty	Refill Qty	Directions for Use (Sig)
Glucose Monitor (E0607)	Embrace			<input type="checkbox"/> Use as directed to test glucose. <input type="checkbox"/> Other: _____
Test Strips (A4253)	Embrace			<input type="checkbox"/> Use to test glucose ____ per day. <input type="checkbox"/> Other: _____
Lancets (A4259)	Embrace			<input type="checkbox"/> Use to collect blood sample. <input type="checkbox"/> Other: _____
Control Solution (A4256)	Embrace			<input type="checkbox"/> Use to test the accuracy of the meter up to once weekly. <input type="checkbox"/> Other: _____
Lancing Device (A4258)				<input type="checkbox"/> Use per package instructions to collect blood sample. <input type="checkbox"/> Other: _____
Alcohol Prep Wipes				<input type="checkbox"/> Use to clean the skin before using lancet. <input type="checkbox"/> Other: _____
Other: _____				

PROVIDER INFORMATION

Provider name: _____ NPI: _____
 Date of most recent face-to-face exam: _____ Fax: _____ Phone: _____

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for diabetic testing supplies. I certify that I am the provider identified above and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

Provider Signature: _____ Date: _____

SUPPORTING CRITERIA

Does this patient use injected insulin for diabetes control? Yes No

What is the frequency of glucose testing per day?

1 time daily 1-2 times daily 2 times daily 2-3 times daily 4 times daily Other: _____

ICD-10 Code:

E10.9 Type 1 Diabetes Mellitus without Complications E10.65 Type 1 Diabetes Mellitus with Hyperglycemia
 E11.9 Type 2 Diabetes Mellitus without Complications E11.65 Type 2 Diabetes Mellitus with Hyperglycemia
 Other: _____

Patients who are not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets or one lens shield cartridge is covered every 3 months.
 Patients who are currently being treated with insulin injections, up to 100 test strips and up to 100 lancets or one lens shield cartridge is covered every month.

If refills of quantities of supplies exceed utilization guidelines, documentation that the patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed must be present in the physician's and supplier's records.



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