Diabetic Equipment and Supplies

Certificate of Medical Necessity
Diabetic Equipment and Supplies, LLC
3905 Vincennes Rd., Suite 430, Indianapolis, IN 46268
Phone: (317) 428-2068 - FAX: (317) 428-2078

Please include the following: most recent clinic notes, blood sugar logs [Medicaid] and insurance card [if available]

Patient Name:	DOB:
Address:	Phone:
Primary Insurance:	ID #:
Secondary Insurance:	ID #:

Diagnoses (check all that apply):

- ☐ E10.65 – Type 1 DM with Hyperglycemia
- ☐ E11.65 – Type 2 DM with Hyperglycemia
- ☐ Other (please specify):_____
- ☐ E10.9 – Type 1 DM without complications
- ☐ E11.9 – Type 2 DM without complications

Additional Medical Information:

Date of last office visit: _____ HbA1C Results: _____ Date: _____

Current Testing Regimen:

- ☐ Patient is testing blood sugar _____ times per day **or**
- ☐ Patient is on a CGM

Current Insulin Regimen:

- ☐ Patient is currently on an insulin pump **or**
- ☐ Patient does _____ insulin injections per day for _____ months/years **or**
- ☐ Patient is non-insulin using

Education Program:

- ☐ Patient has completed a diabetes education program

Continuous Glucose Monitors (CGMs)

- ☐ Dexcom Continuous Glucose Monitor (CGM) & Supplies: Receiver: use as directed, Transmitter: 1 per 3 months, Sensors: 1 per 10 days
- ☐ Freestyle Libre 2 Continuous Glucose Monitor (CGM) & Supplies: Reader: use as directed, Sensors: 1 per 14 days.
- ☐ Other Continuous Glucose Monitor (CGM) & Supplies
  Manufacturer: _____ | Reader/Receiver: use as directed, Sensors: 1 per _____ days, Transmitter: 1 per _____ months.

Insulin Pump & Supplies

- ☐ Insulin Pump or PDM: use to deliver insulin, use as directed | Circle One: New or Upgrade | Manufacturer: _____
- ☐ Insulin Pump Supplies: Infusion Set, Cartridge/Reservoirs | Change how often: ☐ 3 Days ☐ 2 Days ☐ 1 Day
- ☐ OmniPods: Pods | Change how often: ☐ 3 Days ☐ 2 Days ☐ 1 Day

Blood Glucose Monitor (BGM) & Supplies

- ☐ Blood Glucose Meter (BGM): Meter: use as directed
- ☐ Blood Glucose Meter Supplies: Test Strips, Lancing Device, Lancets

Ancillary Supplies

- ☐ Adhesive/Tape/Wipes: Adhesive, Tape, Liquid Skin Tac, Skin Tac Wipes, Alcohol Wipes
- ☐ Ketone Strips: Ketone Strips
- ☐ Pen Needles/Syringes: Pen Needles, Syringes
- ☐ Other: _____

Prescription is valid for 1 year	Ship to: ☐Patient ☐Doctors Office	
Provider Name:	Provider Signature:	
NPI #:	Phone #:	Date: