



Treating people like family, since 1979.

Please Fax Completed Form To: 866-372-0380

For Any Questions, Please Contact Us At:

800-698-8113 Ext 556 or CGM@HCSHME.COM

Patient Name: _____ DOB: _____ Phone: _____

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

Email: _____ Provider Name: _____

Diagnosis: 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: _____

Continuous Glucose Monitoring: Initial New CGM (Receiver and Sensors Required below) Resupply CGM

Non-adjunctive Please select both Receiver and Sensors/Transmitters for new CGM setups

Non-adjunctive, non-implanted continuous glucose monitor or receiver. FreeStyle Libre Dexcom

Sensors/Transmitters and supplies for continuous glucose monitor, monthly supply. FreeStyle Libre Dexcom

Adjunctive Please select both Receiver and Sensors/Transmitters for new CGM setups

Adjunctive, non-implanted continuous glucose monitor or receiver. Medtronic

Sensors/Transmitters and supplies for continuous glucose monitor, monthly supply. Medtronic

Insulin Pump Supplies: Pump Make: _____ Model: _____

Cartridges:

Syringe for external insulin pump, syringe type cartridge, sterile, 3cc

Make and Model needed: _____ (if nothing listed, patient preference)

Change Frequency: Every ___ days (3 = 1 box/month; 2 = 2 boxes/month; 1 = 3 boxes/month)

Infusion Sets:

Infusion set for external insulin pump, non needle cannula type

Infusion set for external insulin pump, needle type (example: Tandem Trusteel)

Make and model needed: _____ (if nothing listed, patient preference)

Change Frequency: Every ___ days (3 = 1 box/month; 2 = 2 boxes/month; 1 = 3 boxes/month)

Physician Name: _____ Signature: _____

Physician NPI #: _____ Date: _____ Length of Need: _____ (99 Lifetime)

Physician Attestation: I hereby authorize the use of this document as a legal prescription for the item indicated above. I certify that the above prescription is medically necessary and reasonable for the treatment of this patient.