



Quest Health Solutions, LLC.
 Show Me Medical Equipment, LLC.
 Tel: 855-271-1261
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PHYSICIAN'S AUTHORIZATION FOR DME

DUjYbhName:	DUjYbhAddress:	DUjYbhDOB:
DUjYbhPhone:	Primary Insurance '7 ca dUbm' Member ID:	Medicare ID:
Length of Need: Lifetime	Secondary Insurance '7 ca dUbm'	Member ID:

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- The beneficiary **is insulin-treated**; or,
- The beneficiary **has a history of problematic hypoglycemia with documentation of one of the following:**
 - **Two or more level 2 hypoglycemic events** (where glucose is less than 54mg/dL) **that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; or**
 - **A history of one level 3 hypoglycemic event** (where glucose is less than 54mg/dL) **characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia**

Equipment to Prescribe:

- receiver (monitor), dedicated, for use with therapeutic CGM system (DEXCOM READER)
- supply allowance for therapeutic CGM, includes 1 month (30 days) supply (DEXCOM SENSORS)



Physician Name:	Fax:
NPI:	Phone:
Physician Email:	

Physician Signature: _____ **Date:** _____

I HAVE REVIEWED THE PRESCRIPTION ABOVE AND FOUND THE INFORMATION TO BE ACCURATE. I CERTIFY THE MEDICAL NECESSITY TO FACILITATE MANAGEMENT OF THIS PATIENT'S DIAGNOSIS. THIS PRESCRIPTION ACCURATELY REFLECTS THE PATIENT'S CONDITION, AND IS SUBSTANTIATED BY MEDICAL RECORDS.