

PHYSICIAN'S AUTHORIZATION FOR DME

PATIENT INFORMATION

Please check which applies:

Freestyle Libre 2

<b>Name:</b>	<b>Address:</b>	<b>DOB:</b>
<b>Phone:</b>	<b>Primary Insurance:</b>	<b>Medicare ID:</b>
	<b>Member ID:</b>	
	<b>Secondary Insurance:</b>	<b>Member ID:</b>
<b>Diagnosis Code:</b>	DX: _____	

**MEDICAL RECORD REQUIREMENTS FOR CGM**

Medical records should indicate: (please check the following boxes)

- Beneficiary has diabetes mellitus, and
- Beneficiary is insulin treated with multiple (3 or more) daily administrations of insulin, and
- Beneficiary's insulin regimen requires frequent adjustments on the basis of BGM or CGM testing results.

<b>Equipment to Prescribe:</b>	K0554- receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system (freestyle libre reader)
	K0553- supply allowance for therapeutic CGM, includes all supplies & accessories, 1 month supply (freestyle libre sensors)
<b>Length of Need:</b>	Lifetime-unless specified otherwise

PLEASE COMPLETE AND RETURN WITH A COPY OF THE PATIENT'S LAST 2 OFFICE VISITS ASSOCIATED WITH THE REQUESTED PRODUCT, ACCORDING TO INSURANCE GUIDELINES.

<b>PHYSICIAN INFORMATION</b>	<b>Office Contact / Email:</b>
<b>Name:</b>	<b>Fax:</b>
<b>NPI:</b>	<b>Phone:</b>

**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.