

# healthy living diabetic

Toll Free 866 779 8512  
Fax Free 866 779 8511

## Diabetes Prescription

Date: \_\_\_/\_\_\_/\_\_\_ Referred by: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Male:  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Day phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Initial Date of Service: \_\_\_/\_\_\_/\_\_\_

### Insurance

Health Plan of Michigan Member ID: \_\_\_\_\_

Other: \_\_\_\_\_ Contract/Policy#: \_\_\_\_\_

Group#: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Is patient treated with insulin?  Yes  No (please check one)

### DURATION of need:

Duration of need:  Lifetime  Other: \_\_\_\_\_

(The maximum allowed duration is 12 months. The duration will default to 12 months unless specified otherwise.)

**Diagnosis Code:**  Pre Existing  New (please check one)

250.00  250.01  250.02  250.03  Other: \_\_\_\_\_

I have seen this patient within the last six (6) months to evaluate their diabetes control and have noted above the reason(s) for a higher daily testing frequency.

### Recommended Testing

prescribed for this patient:

- 1 time a day
- 2 times a day
- 3 times a day
- Other: \_\_\_\_\_ times a day
- 4 times a day
- 5 times a day
- 6 times a day

### Diabetes Testing Supplies: Please indicate

additional items prescribed for this patient.

- Glucose Monitor
- Battery
- Control Solution
- Alcohol Wipes
- Lancing Device
- Other: \_\_\_\_\_

**HEDIS Data:** Please fill in the date of most recent test and the result for the following tests:

Test (most recent)	Date of Test	Score/Result	Test (most recent)	Date of Test	Score/Result
LDL	_____	_____	Dilated Eye Exam	_____	_____
HbA1c	_____	_____	Microalbumin	_____	_____
Blood Pressure	_____	_____	BMI	_____	_____

### Insulin Pump and Supplies Needed:

Insulin Pump Required: Yes or No  Additional Supplies Needed: \_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ UPIN #: \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

30755 Barrington • Madison Heights • MI • 48071

**Please send all faxes to: 866.779.8511**