



Phone: (205) 648-9918
Fax Completed Document to: (205) 648-9644

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Start Date if other than Date Signed \_\_\_\_\_ Length of Need 12 Months

ICD 10 Code: \_\_\_\_\_ DATE OF LAST OFFICE VISIT: \_\_\_\_\_

EDD date if applicable: \_\_\_\_\_

Brand of New Pump: \_\_\_\_\_ HCPCS Code: E0784

Is this a replacement? YES/NO Is the current pump out of warranty? YES/NO Expired on \_\_\_\_\_

What is wrong with the pump? \_\_\_\_\_

\*Prescription for Related Supplies-Testing supplies may be dispensed for 90 day supply or Insurance limit

Does patient take insulin Yes or No please circle one

\_\_\_ A4253 Test Strips Quantity# \_\_\_ X prn refills / Patient test blood sugar \_\_\_ times a day

\_\_\_ A4259 Lancets Quantity # \_\_\_ x prn refills

\_\_\_ A4245 Alcohol Prep pads Quantity \_\_\_ x prn refills

\_\_\_ A5120 Skin Barrier #1 box x prn refills

\_\_\_ A4365/A4456 Adhesive remover wipes #1 box X prn refills

\_\_\_ A4250 Ketone test strips #1 box X prn refills

\_\_\_ A4256 Control Solution #1 X prn refills

\_\_\_ A4258 Lancet Device #1 X prn refills

\*Below Insulin pump supplies below may be dispensed in 90 day supply or Insurance max limit

\_\_\_ A9274 Omnipod EROS #1 Box x PRN refills.. Pt changes every \_\_\_ days x PRN refills

\_\_\_ Omnipod 5 G6 pods #1 box x PRN refills . Pt changes every \_\_\_ days x PRN refills

\_\_\_ Omnipod Dash pods #1 box x PRN refills. Pt changes every \_\_\_ days x PRN refills.

\_\_\_ A4230/A4224/A4221 Infusion Set # 1 Box X PRN refills---pt changes infusion sets/cartridges every \_\_\_ days.

\_\_\_ A4232/A4225/K0552 Cartridge for Pump # 1 Box X PRN refills -- pt changes infusion sets/cartridges every \_\_\_ days.

\_\_\_ A9276/A4239 CGM Sensors x 1 Box x PRN refills may be dispensed in 90 day supply Change dexcom sensor every 10 days= Dexcom G6 or Dexcom G7 /Libre 2 or 3 sensor every 14 days

\_\_\_ A9277/A4239 CGM transmitter x 1/90 days x PRN refills

Change as directed per manufacturer= Dexcom G6

\_\_\_ A9278/E2103 Receiver x 1/365 days x PRN refills

For use with CGM sensors =Libre 2 /Libre 3/Dexcom G6/Dexcom G7

Physician Signature/PRODUCT SELECTION PERMITTED

Signature Date

Printed Name of MD \_\_\_\_\_ NPI# \_\_\_\_\_

KGD08/23 Please fax back with a copy of the patient's last office visit notes