



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/K0553 CGM Sensors x 1 Box x PRN refills may be dispensed in 90 day supply Change dexcom sensor every 10 days /Libre sensor every 14 days

___ A9277/A4239/K0553 CGM transmitter x 1/90 days x PRN refills

Change as directed per manufacturer

___ A9278/E2103/K0554 Receiver x 1/365 days x PRN refills

For use with CGM sensors

Physician Signature/PRODUCT SELECTION PERMITTED

Signature Date

Printed Name of MD _____ NPI# _____

KGD12/22 Please fax back with a copy of the patient's last office visit notes

