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Diabetic Testing Supplies Order Form

(Test strips and lancets cannot be auto-filled with cycle. Please order 10 days before needed)

* Today's Date: ____ / ____ / ____

Facility Name: _____

Facility Address: _____

Facility Phone: (____) - ____ - _____

* Facility Fax #: (____) - ____ - _____

* Sender's Name: _____
 (Please print; illegible names will be denied by Medicare)

* Beneficiary's Name: _____
 (Please print; illegible names will be denied by Medicare)

* Beneficiary's DOB: ____ / ____ / ____

* Is beneficiary on Insulin?: Yes No

If so, what is the name of the Insulin?: _____

* Rx number	Name of test strips or lancets	* Qty remaining	Qty requested	# of tests per day

* Required fields

- For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered.
- For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered.
- For a beneficiary who is testing more frequently than the above criteria, please submit testing logs to validate that the beneficiary is actually testing at a frequency that collaborates with the quantity of supplies that have been dispensed.

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