

**Patient Documentation Form - Non-insulin Using**

Dear Clinician,

Please document the following information in my medical record so my diabetic supplies can be paid by Medicare.

Thank you

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(Please print patient name)

**I am a diabetic, not using insulin, and under normal circumstances Medicare will pay for me to test one time per day (allowed refill quantity of 100 tests over 3 months).**

- If I am to test more than an average of one time per day, please document the symptoms that require the increased testing frequency.
- How long do you feel I need to test at a higher frequency (so that the increased quantity of tests needed per three months can be paid by Medicare)?
- How are the increased blood sugar readings being used to make changes to my diet or medications?
- What date was my last Hgb A1c and what were those results?
- There must be documentation in the records that supports that I am actually testing at a frequency that supports the need for the quantity of supplies that have been ordered or dispensed.

Dear Colleague:

In an effort to help minimize documentation burden, the above have been prepared to identify the information that Medicare regulations require be **in the clinician's record** if Medicare is to pay for your patient's glucose monitoring supplies.

**Note: We encourage you to provide this documentation to the DME supplier along with your order, so that the supplier can be assured that the beneficiary has met all Medicare payment requirements.**

Thank you.

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