



MISSION MEDICAL SUPPLY
PHYSICIAN CERTIFICATION OF DIABETICS SUPPLIES
PRESCRIPTION FORM

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594 EMAIL: MISSIONDME@GMAIL.COM

Today's Date: PHYSICIAN NAME:

NPI NO.: DEA NO.: MEDICARE/MEDICAID NO.

PHYSICIAN ADDRESS: CITY: STATE: ZIP:

PHYSICIAN PHONE NO. PHYSICIAN FAX NO.

MEMBER INFORMATION

FIRST NAME: LAST NAME: INITIAL:

PHYSICAL ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL PHONE: ALT. PHONE:

DATE OF BIRTH: HEIGHT: (FT) WEIGHT: (LBS) INSURANCE NAME:

MEDICARE MEDICAL POLICY NO:

PHYSICIAN SECTION: (Please complete all sections to reflect the current treatment prescribed for your patient, and fax it back to us)

Is the patient treated with insulin? " YES NO

Select ICD-10 Diagnosis Code

BELOW ARE SOME COMMON ICD-10 CODES THAT ARE DIAGNOSED AND BILLED FOR WITH THE HOME GLUCOSE MONITORS AND TESTING SUPPLIES. THIS IS NOT AN ALL-INCLUSIVE LIST; PLEASE SELECT OR WRITE IN THE DIAGNOSIS CODE THAT IS MOST APPROPRIATE FOR THE PATIENT.

- E10.65 Type 1 diabetes mellitus with hyperglycemia E10.9 Type 1 diabetes mellitus without complications
- E11.65 Type 2 diabetes mellitus with hyperglycemia E11.9 Type 2 diabetes mellitus without complications
- Other Diagnosis code: _____ RANGE OF ICD-10 CODES: E08.00 - E13.9

Patient's Testing Frequency:

- 1X/DAY 2X/DAY 3X/DAY 4X/DAY 5X/DAY OTHER: _____

Corresponding number of strips & lancets ordered for a 90 day period:

1x/day =100 2x/day =200 3x/day =300 4x/day =400 5x/day =450 6x/day =550 7x/day =650 8x/day =750 9x/day =850 10x/day =900

Diabetic Supplies Ordered/Prescribed: (cross out items not ordered)

Test Strips	Lancets	Control Solution 1 PER 3 MONTHS	Lancing Device 1 PER 6 MONTHS	Battery(ies) 1 PK PER 6 MONTHS	Glucose Meter 1 PER 5 YEARS	Alcohol Pads
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Order Duration: Number of refills is 99x (lifetime), unless otherwise specified _____

PHYSICIAN SIGNATURE _____

DATE _____

Please fax ORDER form to: SAN DIEGO FAX: 619-229-9594 or EMAIL TO: MISSIONDME@GMAIL.COM