### Patient Data:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

#### Services to be performed

- **Initial DSMT and Initial MNT (10 + 3 Hours; Medicare benefits)
- **Initial DSMT

10 DSMT topics taught as needed* as 1 hour individual + 9 hours group UNLESS Special Need checked below, then all individual.

#### Medicare Lab Eligibility:

- **DSM and diabetes MNT**:
  - FBG >126 mg/dL on 2 tests: FBG: _______ and FBG: _______
  - 2 hr OGTT >200 mg/dL on 2 tests: 2 hr OGTT: _______ and 2 hr OGTT: _______
  - Random BG >200 mg/dL with symptoms of uncontrolled diabetes: Random BG: _______  
    - Excessive thirst  
    - Excessive urination  
    - Excessive hunger  
    - Blurry vision  
    - Excessive tiredness  
    - Unintentional wt loss  
    - Tingling in extremities  
    - Other: _______

#### Other Labs:

- A1c: _______  
- T-Chol: _______  
- LDL-C: _______  
- HDL-C: _______  
- TG: _______  
- BP: _______  
- BMI: _______  
- Other: _______

### Diagnosis:

**MEDICARE**: ψ = Medicare prefers 5 digit T1, T2 diabetes code for diagnosed manifestation, state of disease/condition or other clinical detail.  
* = If on insulin, must add additional dx code Z79.4 (long term or current insulin use)  
* = Medicare prefers additional diagnosis code for any associated underlying condition(s).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Diagnosis Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E10.1*</td>
<td>Type 1 DM w Ketaocidosis</td>
<td>E11.0*</td>
<td>Type 2 DM w Hyperosmolarity</td>
</tr>
</tbody>
</table>
DEAR PATIENT:

AN APPOINTMENT IS REQUIRED TO OBTAIN THESE SERVICES.

TO MAKE YOUR APPOINTMENT, CALL THE NUMBER BELOW BETWEEN THE HOURS OF 8 AM – 5 PM:

(888) 800-0000

PATIENT APPOINTMENTS ARE AVAILABLE 7 DAYS A WEEK, INCLUDING EARLY MORNING AND LATE EVENING.
WE MAKE EVERY EFFORT TO ACCOMMODATE YOUR PERSONAL SCHEDULE.
COMING TO YOUR HOME TO PROVIDE THESE SERVICES IS WHAT WE DO BEST!

IT IS VERY IMPORTANT THAT YOU GIVE THIS COMPLETED ORDER FORM TO YOUR DIABETES CLINICIAN AT YOUR FIRST APPOINTMENT.

MY APPOINTMENT DATE IS:______________________________
MY APPOINTMENT TIME IS:______________________________
MY APPOINTMENT LOCATION IS:__________________________

PLEASE CALL AT LEAST 24 HOURS IN ADVANCE IF YOU NEED TO CANCEL THIS APPOINTMENT. WE WILL RE-SCHEDULE AS SOON AS POSSIBLE.

NOTE TO PROVIDER’S OFFICE: To obtain additional copies of this order form, call Diabetes Connect Clinic ☛ ☜ (888) 800-0000

We provide your patients with diabetes with the self-care education and therapy they need.

Diabetes Connect Clinic ☛ ☜ has Certified Diabetes Educators, Registered Dietitians and other healthcare professionals who provide services to patients with diabetes in a variety of clinical settings and also in their homes.

Our staff works closely with physicians, home health nurses and other healthcare professionals to help manage their patients’ diabetes care. Our Registered Dietitians allow the patient and family to learn how to eat a healthy diet and how to incorporate other key self-care behaviors in their lives in order to control diabetes and its complications.

MARY ANN HODOROWICZ CONSULTING, LLC
Nutrition, Diabetes Care & Education, Health Promotion and Insurance Reimbursement for Professionals in the Healthcare and Food Industry
12921 Sycamore • Palos Heights, IL 60463 • Ph: 708.359.3864 • Fax: 866.869.6279
hodorowicz@comcast.net • www.maryannhodorowicz.com