

Fax form with patient's signature to 1-800-306-9679 (toll-free fax)

If you are in an office with a physician, ask about our TIME-SAVING Referral Form/Physician's Order.

▶ Red arrows = minimum required information to start patient's order. Complete this form entirely or fax with face sheet, to avoid processing delays.

Patient Information

▶ Name _____

▶ Phone _____ Alt. Phone _____ Email: _____

Address _____ City _____ State _____ Zip _____

Language English Spanish Other _____ Date of Birth _____

Relative/friend authorized on account _____ Relationship _____ Phone _____

I am interested in learning more about CCS Medical's home delivery program and authorize CCS Medical to contact me at provided numbers, including with pre-recorded messages when appropriate. *Estoy interesado en aprender mas acerca del programa servicio de entrega a domicilio de CCS Medical y autorizo a CCS Medical se ponga en contacto conmigo a los teléfonos dados, aún con mensajes pre-gravados cuando sea apropiado.*

▶ Date _____ ▶ Patient Signature _____

This form cannot be processed without a patient signature. (If Under 18, Parent or Guardian Signature / Si menor de 18 años, firma de padre o guardian)

INSURANCE INFORMATION (please include if available)

Primary

Medicare Medi-Cal/Medicaid Other _____

ID # _____

Group # _____

Phone _____

Policyholder's Name _____

Secondary (if any)

Medicare Medi-Cal/Medicaid Other _____

ID # _____

Group # _____

Phone _____

Policyholder's Name _____

Healthcare Professional Information

GLUCOSE MONITOR

Preferred Monitor: _____ Times testing per day _____

Is Patient injecting insulin? Yes No

Patient Needs:

Monitor & testing supplies Testing supplies only Pump supplies & testing supplies

INSULIN PUMP/SUPPLIES

Patient is interested in receiving an insulin pump and/or insulin pump supplies

Preferred Pump: _____

PHYSICIAN INFORMATION (please include if available)

Diabetes Doctor's Name _____ Phone # _____

REFERRAL SOURCE

CCS Medical Rep: _____

Contact Name: _____ Clinic/Facility: _____

Phone: _____ Date: _____

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