



ENDOCRINE & DIABETES CONSULTANTS

**389 Commercial Ct. Suite A
Venice, FL. 34292
(941) 484-1200 Fax: (941) 484-1244**



Dear Provider: The below named patient is interested in attending our Diabetes Education Program.

The classes will cover the following diabetes self management topics:

- ❖ Introduction to diabetes including diagnosis, goals and management
- ❖ Meal Planning, exercise, blood glucose monitoring and control
- ❖ Medications, including role of insulin and insulin pump therapy
- ❖ Management of short term complications and risk reduction
- ❖ Learning to cope with diabetes and awareness of community resources

- **Insurance authorization is required for your HMO patients for at least 5 visits CPT codes G0108 and G0109**
- **For your Medicare patients – please mail back completed medical necessity form with original provider signature. Medicare requires that we keep original form. Thanks!**

STANDARD AUTHORIZATION FOR MEDICAL RECORD RELEASE

PATIENT: _____ **D.O.B.** _____

I HEREBY AUTHORIZE: DR. _____

TEL: _____ **FAX:** _____

TO RELEASE:

- ✓ **Results of my last labs including A1c, lipid profile and creatinine**
- ✓ **a copy of both sides of my insurance card or insurance information on file**
- ✓ **Any required authorizations or referral forms**

**TO: Living Smart Diabetes Self Management Program
Fax: 941-484-1244 (Venice)**

PURPOSE FOR RELEASE:

Diabetes Education, Monitoring of behavioral and clinical outcomes and to assess need for further diabetes training. This authorization is effective for a period of one year unless revoked or terminated by the patient or the patient’s authorized representative. You may revoke or terminate this authorization in writing by contacting our HIPAA Compliance Officer at the above telephone numbers.

I authorize release of medical records in accordance with the above.

Signature: _____ **Date:** _____

Name of Patient representative _____

Relationship: _____

To recipient: this is confidential and privileged information. Any further dissemination of or reproduction of this information without expressed consent of patient is prohibited by law.