

PATIENT INFORMATION FORM

2157 Apperson Drive, Salem, VA 24153 • 1-800-467-8546

PLEASE FAX COPY TO:

COMPLETION INSTRUCTIONS

1-877-509-1106

Referral Source:	
SECTION 1	
Physician Name:	Phone: Fax:
Address:	City, State, Zip:
Patient Name:	□ Newly Diagnosed
SSN:	DOB:
Shipping Address:	City, State, Zip:
Home Phone including Access Code:	
Alternate Phone:	Email:
PRIMARY INSURANCE:	SECONDARY INSURANCE:
Phone:	Phone:
Subscriber:	Subscriber:
ID #:Group #:	ID #:Group #:
☐ Control Solution (PRN) ☐ Battery (PRN) ☐ Syrin*RX Required-fax RX with this form It is my professional opinion that the items listed above are the above mentioned patient within six (6) months prior to design the second se	☐ Other ☐ ONLY Checked Supplies Glucose Monitor (1 per 5 yrs PRN) Provided by Office Y / N type nges ☐ Pen Needles* ☐ Insulin Vials* ☐ Insulin Pens* e reasonable and medically necessary. I also acknowledge that I have seen and evaluated ordering quantities of strips and lancets that exceed Medicare guidelines if applicable. sician please retain a copy of this signed document in the patient's medical record.)
PHYSICIAN/	
PRESCRIBER	////
my behalf, for medical supplies and/or medications furr Liberty. I authorize any holder of medical information ab	PATIENT AGREEMENT s to directly bill Medicare, Medicaid, Medicare Supplemental, or other insurer(s) on nished to me by Liberty and assign my rights to benefits from such insurers to bout me to release to Liberty, my physician(s), caregiver, CMS, its agents and to my eeded to determine or secure eligibility information and/or reimbursement for
I acknowledge having received a copy of Liberty's Notice	ce of Privacy Practices.
I acknowledge having received a copy of Liberty's Notice	
PATIENT By checking this box, I give my expressed authorizatio	Date on to Liberty to ship my first order of supplies (indicated below) as authorized by my inctibles and/or copays. I understand that I must confirm all additional orders with Liberty

to us by first class mail. We will reimburse you for any applicable postage. Thank you for your cooperation.