

# EMPLOYEE BENEFIT SERVICES

a division of Christian Brothers Services

1205 Windham Parkway, Romeoville, IL 60446-1679

630-378-2900 • 800-807-0100 • Fax 630-378-2504

E-mail info@cbservices.org • Web www.cbservices.org



## DIABETIC EDUCATION REQUEST

MEMBER NAME & SOCIAL SECURITY # \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

The following information is required for us to determine if your patient qualifies for Plan benefits for a hospital-based diabetic education program.

1. What type of diabetes does the patient have, and when was he/she diagnosed?
2. Is the diabetes controlled by diet? Oral hypoglycemics? Insulin? If controlled by medication, please indicate each medication and its dosage.
3. Please provide the dates and results of recent blood sugar and glycohemoglobin tests.
4. Is your patient using a glucometer/blood glucose monitoring device? If yes, please answer the following questions: How frequently is the patient required to check blood sugar? Is there a history of problems with control? If problems, please explain.
5. Please provide a brief history of the patient's clinical course, including any complications resulting from diabetes, all medications used as treatment, including dosage and frequency. If medications have been changed or dosages adjusted, please explain.
6. Does this patient have any *new* conditions which have affected his diabetes? If so, please explain.
7. Is the patient compliant with his/her diet and medication program? If not, please explain.
8. Has this patient ever received any type of diabetic education? If so, when and where? What did the instruction cover? Who provided the instruction?

The Plan allows hospital-based diabetic education programs when the Plan's criteria is met. If benefits can be allowed for diabetic education, a maximum of 5 classes can be considered. Nutritional components, supplements, books and/or tapes are not covered.

There is no guarantee of benefits for charges for diabetic education. Please return completed form with signature and date by mail to Christian Brothers Employee Benefit Services, 1205 Windham Parkway, Romeoville, IL 60446. Or you can fax the form to us at 630-378-2504. We will review the information when received. Thank you for your assistance. If you have any questions, please call our Customer Service Department at #1-800-807-0400.

---

Physician Signature