

Diabetes

The FirstHealth Diabetes & Nutrition Education Center offers an accredited Diabetes Self-Management program that offers one-on-one counseling and group classes to help patients understand their disease. Patients benefit from time with a nurse or a certified diabetes educator for:

- Development of a customized meal plan
- Help with implementing an exercise plan
- Advice on how to lower blood pressure, cholesterol and other risk factors
- Genetic testing for diet, nutrition and exercise
- Training on the use of diabetes devices
- Education on how and when to use diabetes medication and/or insulin
- Regular coaching, follow-up and support
- Assistance as a liaison between patient and provider

FirstHealth's Diabetes & Nutrition Education Center offers services in Moore, Montgomery, Hoke and Richmond counties. Call **(800) 364-0499**.

Insurance coverage varies, and staff will verify insurance coverage prior to scheduling an appointment.

Locations include:

Moore County — 5 Avimore Drive, Pinehurst, NC 28374

Montgomery County — 520 Allen Street, Troy, NC 27371

Hoke County — 313 Teal Drive, Raeford, NC 28376

Richmond County — 925 Long Drive, Rockingham, NC 28379

FIRSTHEALTH DIABETES SELF-MANAGEMENT REFERRAL

PHONE: 1-800-364-0499 FAX: 910-715-6279

PATIENT NAME:		DOB:	MALE OR FEMALE
ADDRESS:		CITY:	STATE:
ZIP CODE:	CELL/WORK PHONE:	HOME PHONE:	

DIAGNOSIS CODE: **NEWLY DIAGNOSED** **EXISTING DIABETES**

E11.9 TYPE 2 GOOD CONTROL	E10.8 TYPE 1 UNCONTROLLED	E11.64 Type 2 w/hypo E11.65 Type 2 w/hyper TYPE 2 POOR CONTROL	O24.01 DIABETES WITH PREGNANCY
E10.9 TYPE 1, NO COMPLICATIONS	E11.8 TYPE 2 UNSPECIFIED COMPLICATION	O24.410 GDM ABNORMAL GTT	R73.09 Pre-Diabetes

GROUP TRAINING

- Comprehensive Group Education & Training- 10 hours training which includes blood glucose monitor training and meal plan instruction (covered by Medicare & Medicaid)
- Pre-Diabetes Class (1:1 sessions for insurance eligible and Group education offered)

INDIVIDUAL TRAINING

- Management during Pregnancy (Meter training and meal planning as needed)
- Glucose Monitoring Instruction Only
- Nutrition/Carbohydrate Counting Only
- Nutrition: Low Cholesterol Low sodium Weight management Other: _____
- New start Insulin Instruction (**please attach insulin orders**)
- Measurement of metabolic rate (Indirect Calorimetry covered by Medicare and most insurances)
- Basal/Bolus Therapy (MDI)
 - Provider grants permission for educator to titrate insulin regimen to target blood sugars of:
 Fasting: _____ 2 hours post-prandial: _____
- Insulin Pump Training
- Pathway Fit genetic testing
- Other (please specify): _____

PROVIDER SIGNATURE _____ **CREDENTIALS** _____

Phone # _____ **Date** _____ **Time** _____

I certify that Diabetes Self-Management Education and/or Medical Nutrition Therapy services are needed under a comprehensive plan for this patient's diabetes care and the patient meets Medicare eligibility criteria.

FAX COMPLETED FORM AND COPY OF INSURANCE CARD TO 910-715-6279.



DSMP Referral

