

# 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 registered dietitian or a certified diabetes educator for:

- Development of a customized meal plan
- Help with implementing an exercise plan
- Advice to lower blood pressure, cholesterol & other risk factors
- Training on the use of diabetes devices
- Learn 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 **(910) 715-1925**.

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

Locations include:

**Moore County** — Specialty Centers Building,  
35 Memorial Drive, Pinehurst, NC 28374

**Montgomery County** — 522 Allen Street, Troy, NC 27371

**Hoke County** — 313 Teal Drive, Raeford, NC 28376

**Richmond County** — 925 Long Drive, Rockingham, NC 28379



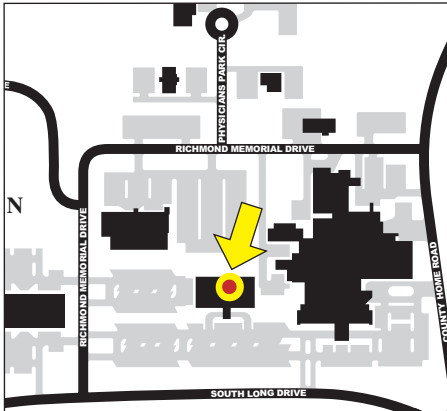
**FirstHealth**  
MOORE REGIONAL HOSPITAL

Main Phone Number: **(910) 715-1925**  
Address: Specialty Centers Building  
35 Memorial Drive, Pinehurst, NC 28374



**FirstHealth**  
COMMUNITY HEALTH SERVICES

Main Phone Number: **(910) 715-1925**  
Address: 313 Teal Drive  
Raeford, NC 28376



**FirstHealth**  
MOORE REGIONAL HOSPITAL

RICHMOND

Main Phone Number: **(910) 715-1925**  
Address: 925 Long Drive  
Rockingham, NC 28379



**FirstHealth**  
MONTGOMERY MEMORIAL HOSPITAL

Main Phone Number: **(910) 715-1925**  
Address: Medical Arts Building  
522 Allen Street, Ste. 203  
Troy, NC 27371

# Diabetes



7223.03.15486.11      Sunset Date: 1/2023

DSMP Referral  
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Place Patient Label  
Inside This Box

## FIRSTHEALTH DIABETES SELF-MANAGEMENT REFERRAL

PHONE: (910) 715-1925      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	E11.8 TYPE 2 UNSPECIFIED COMPLICATION	E11.64 Type 2 w/ hypo E11.65 Type 2 w/ hyper TYPE 2 POOR CONTROL	O24.919 DIABETES WITH PREGNANCY, UNSPECIFIED
E10.9 TYPE 1, NO COMPLICATIONS	E10.8 TYPE 1 UNCONTROLLED	R73.09 PRE-DIABETES	O24.410 GDM ABNORMAL GTT

**Other Diagnosis:** \_\_\_\_\_

### GROUP TRAINING

Comprehensive Group Education & Medical Nutrition Therapy--10 hrs diabetes training plus 3 hours nutrition counselling & meal planning (covered by Medicare, Medicaid and commercial insurance with diabetes diagnosis)

### INDIVIDUAL TRAINING 1:1 counseling with dietician

- Management during pregnancy (meter training and meal planning as needed)
- New start Insulin Instruction (please attach insulin orders)
- Basal/Bolus Therapy (MDI)
  - Provider grants permission for educator to titrate insulin regimen to target blood sugars of:  
Fasting: \_\_\_\_\_ 2 hours post-prandial: \_\_\_\_\_
- Pre-Diabetes (covered by commercial insurance only)
- Nutrition/MNT:  Low cholesterol     Low sodium     Weight management     Other: \_\_\_\_\_
- Measurement of metabolic rate (indirect calorimetry covered by Medicare and most insurances)
- Telehealth
- Special needs requiring individual training (visual impairment, cognitive impairment, medication changes, language limitations, hearing loss, physical impairment)
- 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