

t:slim X2 insulin pump and FreeStyle Libre 2 Plus sensor

Fax this page and patient's most recent medical records demonstrating coverage criteria are met to a DME supplier listed on page 2

Patient Information

Patient Name: _____ Date of Birth: _____
 Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Primary Insurance: _____ Primary Insurance Member ID: _____
 Secondary Insurance: _____ Secondary Insurance Member ID: _____
 Notes: _____

Order Detail

Duration of need: LIFETIME (99) - unless specified otherwise: _____

<input type="checkbox"/> t:slim X2 insulin pump with access to Control-IQ technology
Cartridge and infusion set change frequency: <input type="checkbox"/> Every 3 days (Qty. 30) <input type="checkbox"/> Every 2.25 days (Qty. 40) <input type="checkbox"/> Every 2 days (Qty. 50) <input type="checkbox"/> Every day (Qty. 90) Infusion sets: <input type="checkbox"/> Patient preference <input type="checkbox"/> Other product, if applicable: _____
<input type="checkbox"/> FreeStyle Libre 2 Plus sensor - change sensor every 15 days, dispense 6 sensors/90 days <i>Use per manufacturer guidelines, in accordance with FDA indications for use.</i>
Additional items needed (e.g. wipes, dressings, etc.): _____
DISPENSE AS WRITTEN

I certify that I am the physician identified in the "Physician Information" section and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Physician Signature: _____ Date: _____

Physician Information

Physician Name: _____ NPI: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Office Contact: _____ Email: _____
 Notes: _____



Customer is ultimately responsible for determining reimbursement. Third-party payor criteria apply.

Important Safety Information: RX ONLY. The t:slim X2 insulin pump with Control-IQ technology is indicated for patients with Type 1 diabetes, 6 years and older. BOXED WARNING; Control-IQ technology should not be used by people under age 6, or who use less than 10 units of insulin/day, or who weigh less than 55 lbs. For full safety information, visit tandemdiabetes.com/safetyinfo

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. Other trademarks are the property of their respective owners.

t:slim X2 insulin pump and FreeStyle Libre 2 Plus sensor DME Suppliers

DME SUPPLIER	PHONE	FAX
Advanced Diabetes Supply	866-976-9110	760-496-0234
Byram Healthcare/Apria	800-775-4372	866-387-1127
CCS Medical	800-599-7521	800-557-8256
Diabetes Management & Supplies/AdaptHealth	888-738-7929	504-407-2083
Edgepark Medical Supplies	844-619-4650	866-510-6583
Edwards Health Care Services	800-951-1725	502-657-0237
Solara Medical Supplies/AdaptHealth	844-381-8032	800-999-7021
United States Medical Supply	877-270-6508	866-347-8544

Last Updated 12/23.

Providers listed above include DME suppliers who have contracted with ADC to acquire the FreeStyle Libre 2 Plus sensor directly as of the “Last Updated” date. This listing of participating suppliers are in alphabetical order and ADC has no preference on the supplier selected from the list.

