Above Diabetes, PLLC
MEDICARE ORDER FOR ADDITIONAL MNT HOURS
Physician Referral / Order (MD/DO Required)

REFERRAL FROM:	**REFERRAL TO:** Above Diabetes LLC NPI: 1023723079 8970 County Road 512, Anna, TX, 75409 Tel: (435)-339-0220 Fax: (435)-339-0330

1. **Patient Information (or attach demo sheet):**

Patient Name:	
DOB:	
Contact Phone Number:	

2. **Reason(s) for Additional MNT Hours** - *Medical Necessity Documentation (per Medicare Guidelines). Check all that apply:*

☐ A1c increased ≥ 0.5% since last referral
☐ New insulin initiation or dose adjustment
☐ Change in diabetes medication impacting glycemic control
☐ New or worsening diabetes-related complication (e.g., neuropathy, retinopathy, nephropathy, foot ulcer, cardiovascular event)
☐ Hospital admission or discharge related to diabetes
☐ Significant weight change affecting blood sugar or insulin (>5 lbs)
☐ Change in kidney status (CKD progression or post-transplant)
☐ Other significant medical or treatment change impacting glycemic control or diabetes self-management (please specify): _____

3. **Prescribing/Ordering MD/DO (required for Medicare authorization):**
*By signing, I agree that the patient's documented clinical changes warrant additional MNT hours **as clinically indicated per session**. The RDN will document interventions, time spent, and units billed for each session.*

Printed Name of MD/DO: _____ NPI: _____

Signature of MD/DO: _____ Date:_____

4. **FAX COMPLETED FORM TO 435-339-0330 or EFAX to support@abovediabetes.com:**
Unsigned or incomplete forms cannot be processed.