Peaks & Plains, Inc.
Phone 800-585-4201 Fax 800-886-3122

31 Day Diabetic Log

Name: _____ Facility: _____

▸ ▸ Please provide at least 14 days worth of test results.

Date	AM	NOON	PM	EVENING	
(mm/dd/yyyy)	Time/Result	Time/Result	Time/Result	Time/Result	Comments

As per Medicare/Medicaid policy, if refills of quantities of supplies that exceed the utilization guidelines are dispensed, there must be documentation in the physician's records or in the supplier's records that the patient is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the patient is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months.

January 2010