directDiabetes
PO Box 4907 • Scottsdale, AZ 85261
Telephone • Toll-Free: 1-888-880-8378 • Local: 480-998-5551
Local Fax: 480-998-5247 • Toll-Free Fax: 1-866-439-4694

ENROLLMENT FORM

Please Print. Thank you for choosing Direct Diabetes.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____)_____ Other Phone #: (_____)_____

Customer Service Representative Will Call

Social Security #: _____ Date of Birth: _____/_____/_____ Sex: _____ Marital Status: _____

Next of Kin: _____ Emergency Phone #: (____)_____

Signature: _____

By signing this, you are authorizing us to contact you by telephone

INSURANCE INFORMATION

Medicare #: _____ Part B Effective Date: _____

Primary or Secondary Insurance (please circle one): _____

Insurance Phone #: (____)_____ Policy or ID #: _____ Group #: _____

Name of Policyholder (if not patient): _____

Policyholder's Date of Birth: _____/_____/_____ Policyholder's SS #: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone #: (_____)_____

Address: _____ City: _____ State: _____

Zip Code: _____ Appointment Date of Las Visit:_____/_____/_____ Insulin Dependent? Yes_____ No_____

Type of Meter Currently Using: _____ Blood Tests Per Day?____ Are You In Need of a New Meter? Yes or No

REFERRAL SOURCE

Contact Person: _____ Phone: (_____)_____ Ext: _____