



**Arkansas Medicaid Continuous Glucose Monitor (CGM)
Attestation Form for DME Providers Supplying CGM to Beneficiaries**

Fax form to: 800-424-7976 For questions, call: 800-424-7895

A signed and dated attestation form is required to be included with each prior authorization request of CGM and supplies by a DME provider.

BENEFICIARY INFORMATION

Beneficiary Last Name: _____

Beneficiary First Name: _____

Medicaid ID: _____ Date of Birth: _____

DME BILLING PROVIDER INFORMATION

DME Billing Provider Name: _____

DME Billing Provider NPI: _____ DME Billing Provider Medicaid ID: _____

DME Billing Provider Phone: _____ DME Billing Provider Fax: _____

PRESCRIBER INFORMATION

Prescriber Last Name: _____

Prescriber First Name: _____

Prescriber Phone: _____ Prescriber Fax: _____

CGM PRODUCT INFORMATION

Continuous Glucose Monitor Product Name/Model: _____

Continuous Glucose Product Procedure Code(s): _____

Expected Prior Authorization Start Date: _____

Beneficiary Name (Last, First): _____

ATTESTATION

It is understood and the DME provider attests that:

- **The beneficiary (or authorized representative) has been informed they will receive all CGM supplies exclusively from the DME provider named above.**
- **The beneficiary has been informed that they will no longer obtain CGM supplies from their pharmacy or any other provider.**
- **This information has been supplied to the beneficiary's pharmacy if the beneficiary was previously receiving CGM supplies from the pharmacy.**

Document Name of Pharmacy: _____ **Date Notified:** _____

I attest the information provided is true and accurate to the best of my knowledge. I understand that Arkansas Medicaid or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

DME Provider Signature: _____ **Date:** _____

(By signature, the DME provider confirms the above information is accurate and verifiable by patient records.)

Printed Name and Title: _____

(By signature, the DME provider confirms the above information is accurate and verifiable by patient records.)

Retain this documentation in the patient's medical records. Falsification of medical records is liable to the U.S. government for a civil penalty of not less than \$5,000 and not more the \$10,000, plus 3 times the amount of damages that the government sustains because of the act of that person. [42 U.S.C.A. § 3729(a)].

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