

Name: \_\_\_\_\_



Account # \_\_\_\_\_

Note: If you are **insulin dependant** and testing more than 3X/day we **MUST** have this form completed for 30 consecutive days.

Note: If you are **non-insulin dependant** and testing more than 1X/day we **MUST** have this form completed for 30 consecutive days.

insulin dependant (25001)  
 non-insulin dependant (25090)

	TEST #1			TEST #2			TEST #3			TEST #4			TEST #5			TEST #6		
	Month	Day	Year	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	TIME/BLOOD SUGAR	
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Insulin dependant patients testing more than 3X/day MUST fill out the enclosed log for insurance purposes

Non-insulin dependant patients testing more than 1X/day MUST fill out the enclosed log for insurance purposes

**If you meet the above criteria and don't return this log you may be billed**

Insurance requires CareLinc to have on file 30 consecutive days of testing once every 6 months

Please fill out the enclosed log and return it to  
CareLinc  
89 54th St SW  
Grand Rapids, MI 49548

Any questions please call: 1-888-300-1399

Signature \_\_\_\_\_